

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90021 029 \*\*\*\*50.00

**DOCUMENT # M02000000971**



1. Entity Name  
**MN AIRLINES, LLC**

Principal Place of Business  
**1300 MENDOTA HEIGHTS ROAD  
 MENDOTA HEIGHTS, MN 55120**

Mailing Address  
**1300 MENDOTA HEIGHTS ROAD  
 MENDOTA HEIGHTS, MN 55120**

**20047822**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**35-2159124**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME **CEO**  Delete  
**DALY, ROBERT**  
 STREET ADDRESS **201 KRESTWOOD DR. W.**  
 CITY-ST-ZIP **BURNSVILLE, MN 55337**

TITLE  
 NAME **MGRM - CHAIRMAN**  Change  Addition  
**DALY, ROBERT**  
 STREET ADDRESS **1300 Mendota Heights Rd**  
 CITY-ST-ZIP **Mendota Heights, MN 55120**

TITLE  
 NAME **P**  Delete  
**SALMEN, T J**  
 STREET ADDRESS **2249 SUMMIT AVE.**  
 CITY-ST-ZIP **ST. PAUL, MN 55105**

TITLE  
 NAME **MGRM - President**  Change  Addition  
**SALMEN, T.J.**  
 STREET ADDRESS **1300 Mendota Heights Rd.**  
 CITY-ST-ZIP **Mendota Heights, MN 55120**

TITLE  
 NAME **CFO**  Delete  
**NUGENT, SHAUN**  
 STREET ADDRESS **15807 WEST OAKS**  
 CITY-ST-ZIP **MINNETONKA, MN 55345**

TITLE  
 NAME **MGRM - CEO**  Change  Addition  
**Nugent, Shaun**  
 STREET ADDRESS **1300 Mendota Heights Rd**  
 CITY-ST-ZIP **Mendota Heights, MN 55120**

TITLE  
 NAME **VGC**  Delete  
**FREDERICKSEN, JOHN**  
 STREET ADDRESS **3624 WOODLAND TRAIL**  
 CITY-ST-ZIP **EAGEN, MN 55123**

TITLE  
 NAME **MGR - VGC**  Change  Addition  
**Fredericksen, John**  
 STREET ADDRESS **1300 Mendota Heights Rd.**  
 CITY-ST-ZIP **Mendota Heights, MN 55120**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**March 30, 2005** <sup>651</sup> **681-3948**

Date

Daytime Phone #