

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # M97000000621**

1. Entity Name  
**REW AVIATION, L.L.C.**



Principal Place of Business

**15740 W. 108TH STREET  
LENEXA, KS 66219**

Mailing Address

**15740 W. 108TH STREET  
LENEXA, KS 66219**

**DO NOT WRITE IN THIS SPACE**



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**48-1188994**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHAW, JAMES A  
6007 NORTH 54TH STREET  
TAMPA, FL 33610**

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
REW, RICK J  
8320 MAPLEWOOD DRIVE  
LENEXA, KS 66215**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MBR  
REW, DIANA E  
8320 MAPLEWOOD DRIVE  
LENEXA, KS 66215**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000190741  
01/24/05-80148-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/17/05 913-888-0882