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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILTTY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:

Magellan Aircraft Services Limited.

- 2. Suffix adopted for the above named partnership: LLLP
- 3. The limited partnership hereby elects to be a limited liability limited partnership.
- 4. The effective date of this filing shall be: As of the date this document is filed with the Florida Secretary of State.
- 5. The name and Florida street address of the partnership's agent for service of process:

Amanda Vaughan 701 Park of Commerce Blvd., Ste 100 Boca Raton, FL 33487

The execution of this statement as a partner constitutes an at	ffirmation under the negaties
of perjury that the facts stated herein are true.	

Signed this 8th day of May, 2003.

Signature of TWO Partners:

Signature of General Partner:

FOR: MAGELLAN AIRCRAFT SERVICES LLC

By: William J. Polyi (as President)

Signature of Limited Partner:

FOR: MAGELLAN GROUP LIMITED

BY: MAGELLAN Group LLC (General Partner)

By: Lawrence Grogan (as Treasurer)