~ ~2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS-REPORT (UBR)

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|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|----------------------------------------------|-----------------------------------------------|---------------------------------------------------------|------------------------------------------|-------------------------|-------------|----------------|
| DOCUMENT # L02000022836 | | | | | | FILED | | | | |
| 1. Entity Name PILOT L.L.C. | | | | | 2004 FEB 1 1 PM 12: 41 | | | | | |
| | | | | GOO WE THIS | | מסטייעום אויי | ՝ Ոքքոն Հ | TIONE | | |
| Principal Place of Business Mailing Address 1220 NORTH MARKET STREET. STE. 606 1220 NORTH MARKET | | | STREET, STE. 606 | | DIVIDION OF CORPORATIONS FALLAHASSEE, FLORIDA | | | | | |
| WILMINGTON DE | : 19 60 7 | WILMINGTON DE 19801 | | | 1 (18)(18 | (1 | aa nk ba nk ka is k | (88) (818) 1111 | A AIII HADI | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | failing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | |
| | | | | | | CHECK HERE IF MAKING CHANGES 4. FE Number Applied For | | | | |
| City & State | | City & State | | | 4. Num | applica | ~6c | <u> </u> | Applicable | |
| Zip Country | | Zip Co | | try | 5. Certifica | te of Status Desired | | 5.00 Addi e Required | | |
| | 6. Name and Address of Curre | nt Registered Agent | <u> </u> | | 7. Name ar | d Address of New R | egistered Age | ent | | |
| FI OF | RIDA FILING & SEARCH SERVIC | CES. INC. | | Name | | | | | | |
| 1333 DUVAL STREET TALLAHASSEE FL 32303 | | | | Street Address (| ss (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | FL | Zip Code | 1 | |
| | named entity submits this statemen | t for the purpose of changing it | s register | ed office or register | red agent, or b | oth, in the State of Flo | orida. I am fam | niliar with, a | and accept | 1 |
| | ions of registered agent. | Parel 1 | | | | 2/1 | 0/04 | | | |
| SIGNATURE . | Signature, typed or printed name of registered ag | ent and title if applicable. (NO | TE: Registere | d Agent signature required | when reinstating) | | DATE | | | |
| | | | | FEE IS \$50.00 | | | | | | |
| | | Make Check Payat | | orida Departme mber 24, 2003 | nt of State | | | | | |
| 9. | MANAGING MEN | BERS/MANAGERS | 10. | | | ADDITIONS | /CHANGES | | | $\frac{1}{2}$ |
| TITLE | MGRM | GRM Delete | | E | | 7,001101101 | | Change | ☐ Addition | (8) |
| NAME | WORLDFUND, INC. STE. 302, E. BLDG. #34/20, CUBA AVE. & 34T PANAMA CITY 5, PANAMA | | NAM | | | | | | | 3(4) |
| STREET ADDRESS CITY-ST-ZIP | | | | EET ADDRESS '-ST-ZIP | | | | | | CR2E083 (4/03) |
| TITLE | | | TITL | | | | | ☐ Change | Addition | 뜅 |
| NAME | | | NAM | | я* | 000028 | - | _ | | - |
| STREET ADDRESS | | | | EET ADDRESS '-ST-ZIP | •. | | | | | |
| CITY-ST-ZIP | | □ Delete | TITL | | | | | 7 Change | ☐ Addition | |
| NAME | | E Bolde | NAM | 1 | | | _ | | | |
| STREET ADDRESS | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | □ Delete | | '-ST-ZIP | | | Г |] Change | ☐ Addition | |
| TITLE NAME | | ☐ Delete | TITL | | | | L | Change | Addition | |
| STREET ADDRESS | | • | STR | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY | /-ST-ZIP | | | | | | |
| TITLE | ☐ Delete | | TITL | | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAM STRI | EET ADDRESS | | | | | • | |
| CITY-ST-ZIP | | | | /-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITL | l l | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAM | ME EET ADDDECKTO (FINE) | 18 C - T A | m 2 m 2 18 2 18 18 18 18 18 18 18 18 18 18 18 18 18 | 7 | 15 | _ | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | n cn | TIVEN | 2003 | 3-04 | 2 | |
| | l certify that the information supplied | with this filing does not qualify f | | | | | | | formation | 1 |
| indicated limited lia | certify that the information supplied on this report is true and accurate a bility company or the receiver of ru | and that my signature shall have stee empowered to execute this | e the sam s report a | e legal effect as if r s required by Chap | made under oa ter 608, Florid | ith; that I am a mana a Statutes. | ging member ô | or manage | r of the | |

Attorney-In-Fact of Member

SIGNATURE:

2/6/04

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 02-10-04

NAME: PILOT, LLC

TYPE OF FILING: 2004 UBR

COST: \$100 Out Por Paul

2/12

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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