File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 98 MAY 12 AM ID: 17 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9600000361 1a. Principal Place of Business Address QUINN AIRCRAFT TRADING, L.C. 963 LAKE HOUSE DRIVE 963 LAKE HOUSE DRIVE NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 03/25/1996 FL Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0692253 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Lee Required 04/08/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office QUINN, ROBERT P 963 LAKE HOUSE DRIVE Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 Sulte, Apt. #, etc. City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpositions. its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ (Hegistured Agent Accepting Apparatment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM QUINN, ROBERT P 963 LAKE HOUSE DRIVE NORTH PALM BEACH FL MGRM QUINN, ELIZABETH M 963 LAKE HOUSE DRIVE NORTH PALM BEACH FL **80**00025226**7**8---05/14/98--01004--017 ****197.50 ****197.50

11. Ido 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 annual 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:

516.653.503/ cd