File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Bandra B. Mortham **ANNUAL REPORT** 90 APR 29 PK 4: 09 Secretary of State 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE 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 #** L9700001438 1a. Principal Place of Business Address NST CORPORATE AVIATION, L.C. 7208 SAND LAKE ROAD, SUITE 202 7208 SAND LAKE ROAD, SUITE 2 ORLANDO FL 32819 ORLANDO FL 32819 3. Date Organized or Qualified | 3a. State of Formation 2a. Malling Address 2. Principal Place of Business 12/24/1997 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-348 5075 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Country Country 58 75 Additional Lee Begained 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. Zip Code 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 purpose of changing 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. (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BROMLEY, RANDALL E 7208 SAND LAKE ROAD, SUITE ORLANDO FL 700002516427---1 -05/08/98--01004--013 ****188.75 ****188.75 11. (do hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daysimo Phone #

attachment with an address.