File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE SEC E PAY STATE LIMITED LIABILITY COMPANY & Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 53 MTR IN M 5: 53 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE L97000001438 Name and Mailing Address of Limited Liability Company **DOCUMENT #** NST CORPORATE AVIATION, L.C. 1a. Principal Place of Business Address 7208 SAND LAKE ROAD, SUITE 202 7208 SAND LAKE ROAD, SUITE 202 ORLANDO FL 32819 ORLANDO FL 32819 3. Date Organized or Qualified 12/24/1997 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation FLSuite, Apt. #, etc. Suite, Apl. #, etc. 4. FEI Number Applied For 59-3485075 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 04/29/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. Zin Code 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. (Bog sens)t Agent Accepting Appointment). (NOTE Hispister d'Agent's grafire in avec tiwre in endiring). 10. Title Managing Members/Managers **Business Street Address** City. State and Zio Code MGRM BROMLEY, RANDALL E 7208 SAND LAKE ROAD, SUITE ORLANDO FL 202 000002803270--**4** ****188.75 ****188.75 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 eath, 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 attachment with an address

SIGNATURE AND TYPED OR PROTOFF DITIANE OF SIGNIFF CHANAGED I MEMBER CREMANAGED I

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SIGNATURE: