File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS on APR -9 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # 198000001190 NESTA HOLDINGS, L.L.C. 1a. Principal Place of Business Address 1235 S.E. 2ND PLACE 1235 S.E. 2ND PLACE CAPE CORAL FL 33990 CAPE CORAL FL 33990 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 07/23/1998 FLSuite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For 65-0901211 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office VIACAVA, JOSEPH G 1235 S.E. 2ND PLACE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 1 O O O O 2 634 3 O O 1 ----04/19/99 -- 01003 -- 015 ****188.75 ****188.70 9. Pursuant to the provisions of Sections 608 416 and 608 508, Fiorida 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 _ _ _ DATE 10. Title Managing Members/Managers Business Street Address City State and Zio Code MGRM VISCAVA, JOSEPH C 1235 S.E. 2ND PLACE CAPE CORAL FL VIACAVA T.J.C. APR 1 5 1959 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 gath, 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 Statules, and that my name appears in Block 10, or on an SIGNATURE:

INHSE10 R (12-98)