


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003599</b> 1. Entity Name ISC AVIATION, LLC	
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Principal Place of Business 1300 ALTURA ROAD FT. MILL, SC 29708	Mailing Address 1300 ALTURA ROAD FT. MILL, SC 29708
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**DO NOT WRITE IN THIS SPACE**



03022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1041626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  YAGER, DEXTER R SR. 6055 SW MAPP ROAD PALM CITY, FL 34990
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000000879324

04/15/08-80016-016 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

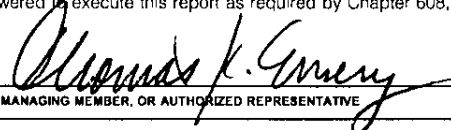
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YAGER, JEFFREY S 1300 ALTURA ROAD FT. MILL, SC 29708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YAGER, DOYLE L 1300 ALTURA ROAD FT. MILL, SC 29708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YAGER, STEVEN T 1300 ALTURA ROAD FT. MILL, SC 29708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERY, THOMAS K 1300 ALTURA ROAD FT. MILL, SC 29708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:** Thomas K. Emery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



3-11-08 803-547-9100

Date

Daytime Phone #