File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 FEB 25 AM 9: 56 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee k312 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # 200270 1a. Principal Place of Business Address THE PILOT GROUP, L.C. 255 S ORANGE AVE 255 S ORANGE AVE ORLANDO FL 32801 ORLANDO FL 32801 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 07/26/1990 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3024491 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 5. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent SENTERFITT, DONALD T Street Address (P.O. Box Number is Not Acceptable) 255 S ORANGE AVE FIRSTATE TOWER Sulte, Apt. #, etc. ORLANDO FL 32801 City Zip 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. 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

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. 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 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 attachment with an address

SIGNATURE:

SIGNATURE AND 1974 D OR PRINTED NAME OF SIGNAG MANAGING MEMBER OR MANAGER

2/23/98

407/841-2555 Daytime Phone #