


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000001030</b> 1. Entity Name ZTRANE, LLC	
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Principal Place of Business 7601 W. CYPRESS HEAD DR. PARKLAND, FL 33067	Mailing Address 7601 W. CYPRESS HEAD DR. PARKLAND, FL 33067
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**DO NOT WRITE IN THIS SPACE**

01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3586177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEVINE, JACK ALAN  
7801 W CYPRESS HEAD DR  
PARKLAND, FL 33067

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEVINE, JACK ALAN 7601 W CYPRESS HEAD DR PARKLAND, FL 33067
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01/10/05-80058-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Jack Alan Levine MGR* **1/7/05 904-732-9122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #