

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000001030 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



02132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3586177	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, JACK ALAN 7801 W CYPRESS HEAD DR PARKLAND, FL 33067
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03/01/06-80037-023 50.00

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 *Jack Alan Levine* **2/15/06** **954-7329122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone If