

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90153 032 \*\*\*550.00

**DOCUMENT # L02000006761**

1. Entity Name  
**ZERO TIME AIRCRAFT, LLC**



Principal Place of Business  
**8000 SKYLANE WAY  
CHARLOTTE COUNTY AIRPORT  
PUNTA GORDA, FL, FL 33982 US**

Mailing Address  
**8000 SKYLANE WAY  
CHARLOTTE COUNTY AIRPORT  
PUNTA GORDA, FL 33982 US**

**14024669**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-LLC CR2E083 (10/03)

City & State

City & State

Zip

Country

Zip

Country

Applied For

Not Applicable

5. Certificate of Sta

tional

6. Name and Address of Current Registered Agent

7. Name and Address of Registered Agent

**KANTOR, JAMES B  
410 MEDICI CT.  
PUNTA GORDA, FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

**8000 SKYLANE WAY**

City

**FL**

Zip Code

**33982**

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 September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KANTOR, JAMES B  
410 MEDICI CT.  
PUNTA GORDA, FL 33950**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**8000 SKYLANE WAY  
33982**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I 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 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:**

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

**JAMES B. KANTOR**

**7-1-04**

**941-637-8585**

Date

Daytime Phone #