

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4 Apr 26, 2006 8:00 am
Secretary of State

04-14-2006 90031 012 ****50.00

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1. Entity Name
KT AVIATION, LLC



Principal Place of Business
3135 TERRACE AVENUE
NAPLES, FL 34104

Mailing Address
3135 TERRACE AVENUE
NAPLES, FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2275810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIEBEL, DOUGLAS
9420 BONITA BEACH ROAD, SUITE 200
BONITA SPRINGS, FL 34135

Name

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

City

FL

Zip Code

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 reappointing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGRM	☐ Delete
NAME	KEYES, KEVIN	
STREET ADDRESS	3135 TERRACE AVENUE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	MGRM	☐ Delete
NAME	TSCHESTER, GARY	
STREET ADDRESS	1135 7TH STREET S.	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #