2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012785

1. Entity Name
KT AVIATION, LLC



FILED
Mar 29, 2007 08:00 AM
Secretary of State

Principal Place of Business 3135 TERRACE AVENUE

NAPLES, FL 34104

Mailing Address 3135 TERRACE AVENUE NAPLES, FL 34104



03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
20-2275810	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

the obligations of registered agent.

SIGNATURE

TYPED OR PRINTED

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
. F	iling Fee is \$50.00 ue by May 1, 2007	••		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYES, KEVIN 3135 TERRACE AVENUE NAPLES, FL 34104		U00000633211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TSCHETTER, GARY 1135 7TH STREET S. NAPLES, FL 34102		04/05/07-80035-020 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not con this report is true and accurate and that my signature should be company or the receiver or trusted empoyered to execute the company or the receiver or trusted empoyered to execute the company or the receiver or trusted empoyered to execute the company or the receiver or trusted empoyered to execute the company or the receiver or trusted empoyers.	qualify for the exemptions contained in Chapter 1 half have the same legal effect as if made under cute this report as required by Chapter 608, Floring the contained by Chapter 608, Fl	119. Florida Statutes. I further certify that the information oath; that I am a managing member or manager of the ida Statutes.	

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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