

**2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED

04 JUN -3 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000003733

1. Entity Name
THE INTREPID REAL ESTATE COMPANY, LLC



Principal Place of Business
701 BRICKELL AVE, STE 2050
MIAMI, FL 33131 US

Mailing Address
701 BRICKELL AVE, STE 2050
MIAMI, FL 33131 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282003 Chg-LLC CR2E063 (10/03)

4. FEI Number
74-3029600

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

MARTIN, PEDRO A ESO
C/O GREENBERG TRAUIG, P A
1221 BRICKELL AVENUE, SUITE 2100
MIAMI, FL 33131

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 (if applicable)

(NOTE: Registered Agent signature required when removing)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HERNANDEZ, GUSTAVO
701 BRICKELL AVE, STE 2050
MIAMI, FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
JULIUS LAND COMPANY, LLC
701 BRICKELL AVE, STE 2050
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
Julius Land Company, LLC
701 Brickell Ave., Ste 2050
Miami, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

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TITLE
NAME
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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 606, Florida Statutes.

SIGNATURE:

[Signature]

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

DATE

Daytime Phone #

900037661039
06/04/04--01002--010
**50.00