

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90035 001 ***971.25

DOCUMENT # L02000011683

1. Entity Name
INTREPID REAL ESTATE HOLDINGS, LLC



Principal Place of Business
701 BRICKELL AVENUE
SUITE 2040
MIAMI, FL 33131 US

Mailing Address
701 BRICKELL AVENUE
SUITE 2040
MIAMI, FL 33131 US

30005602



04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
90-0081852

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHTMAN, JONATHAN J PA
20283 STATE RD. 7
SUITE 300
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name
World Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive, Suite 703
City Miami FL Zip Code 33133

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. Timothy D. Richards, President 4/30/08

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS URBAN PARTNERS 17 HOUSES, LLC
CITY-ST-ZIP 701 BRICKELL AVENUE SUITE 2040
MIAMI, FL 33131 ☐ Delete

TITLE
NAME MGR
STREET ADDRESS HERNANDEZ, GUSTAVO
CITY-ST-ZIP 701 BRICKELL AVE SUITE 2040
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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: Timothy D. Richards

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

4/30/08

Date

(305) 858-9900

Daytime Phone #