2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000020202

Address:

City-St-Zip:

Entity Name: INTREPID HOLDINGS, LLC

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4741 ATLANTIC BLVD., STE D 225 WATER STREET JACKSONVILLE, FL 32207 2020 JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 4741 ATLANTIC BLVD., STE D 225 WATER STREET JACKSONVILLE, FL 32207 2020 JACKSONVILLE, FL 32202 FEI Number: 04-3709822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INTREPID REGISTERED AGENT SERVICES, LLC INTREPID REGISTERED AGENT SERVICES, LLC 4741 ATLANTIC BLVD., STE D 225 WATER STREET JACKSONVILLE, FL 32207 2020 JACKSONVILLE, FL 32202 US 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. SIGNATURE: 04/29/2003 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** () Delete () Change (X) Addition Name: Name: MCAFEE, MATTHEW S Address: Address: 225 WATER STREET, SUITE 2020 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: Title: MGR () Change (X) Addition () Delete BROCKWELL, PAUL H Name: Name: Address: Address: 4741 ATLANTIC BOULEVARD, SUITE D City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: MGR () Change (X) Addition CAMERLENGO, JOSEPH V Name: Name: 4741 ATLANTIC BOULEVARD, SUITE D Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207 US Title: () Delete Title: MGR () Change (X) Addition Name: Name: DRIVER, GARY R JR. 225 WATER STREET, SUITE 2020 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: () Change (X) Addition JOHNSON, TODD C Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

225 WATER STREET, SUITE 2020

JACKSONVILLE, FL 32202

SIGNATURE: G. RAY DRIVER, JR. MGR 04/29/2003