

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020207

FILED
Apr 28, 2006
Secretary of State

Entity Name: INTREPID BUSINESS PARTNERS, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 51-0426997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCAFEE, MATTHEW S
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR (X) Delete
Name: BROCKWELL, P. HEATH
Address: 644 CESERY BOULEVARD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGR (X) Delete
Name: CAMERLENGO, JOSEPH V
Address: 644 CESERY BOULEVARD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGR () Delete
Name: DRIVER, G. RAY JR.
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Delete
Name: GRIGGS, GWEN H
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DRIVER, JR., G. RAY
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: G. RAY DRIVER, JR.

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date