

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000075007

FILED
Aug 23, 2006
Secretary of State

Entity Name: INTREPID EQUITY GROUP, LLC

Current Principal Place of Business:

2033 MAIN ST.
SUITE 600
SARASOTA, FL 34237

New Principal Place of Business:

2300 SCENIC HIGHWAY NORTH
LAKE WALES, FL 33898

Current Mailing Address:

18 CEDAR RIDGE ROAD
BROKEN ARROW, OK 74012

New Mailing Address:

2300 SCENIC HIGHWAY NORTH
LAKE WALES, FL 33898

FEI Number: 20-1859350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, TROY H JR.
2033 MAIN ST.
SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

ACKER, C. EDWARD
2300 SCENIC HIGHWAY NORTH
LAKE WALES, FL 33898 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: C. EDWARD ACKER

08/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPIVEY, LARRY
Address: 18 CEDAR RIDGE ROAD
City-St-Zip: BROKEN ARROW, OK 74012

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPIVEY, LARRY
Address: 2300 SCENIC HIGHWAY NORTH
City-St-Zip: LAKE WALES, FL 33898

Title: MGR () Change (X) Addition
Name: ACKER, C. EDWARD
Address: 2300 SCENIC HIGHWAY NORTH
City-St-Zip: LAKE WALES, FL 33898

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: C. EDWARD ACKER

MGR

08/23/2006

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