

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080636

FILED
May 01, 2006
Secretary of State

Entity Name: INTREPID, LLC

Current Principal Place of Business:

5072 TERRA LAKE CIRCLE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

5072 TERRA LAKE CIRCLE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHIRG, HERMAN D
6036 ELECTRA LANE
PENSACOLA, FL 32507 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: WYLIE, ANDREW J
Address: 5072 TERRA LAKE CIRCLE
City-St-Zip: PENSACOLA, FL 32507

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

Title: MGRM () Delete
Name: SCHIRG, HERMAN D
Address: 6036 ELECTRA LANE
City-St-Zip: PENSACOLA, FL 32507

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

Title: MGRM () Delete
Name: ROBERTS, JAMES
Address: 2117 BLUE HERON COVE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

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: ANDREW WYLIE

MGRM

05/01/2006

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