## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M00000001865**

Entity Name

INTREPID AVIATION PARTNERS GROUP, LLC



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

3106 PROFESSIONAL PLAZA GERMANTOWN, TN 38138 Mailing Address

3106 PROFESSIONAL PLAZA GERMANTOWN, TN 38138



## DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1831211

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

				***			
	named entity submits this statement for the purpose of charitions of registered agent.	nging its register	ed office or reg	istered agent, or b	oth, in the State of Florid	a. I am familiar with, ar	d accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registere	d Agent signature red	quired when reinstating)	<u> </u>	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004	-	<u>i</u> .			-	
9.	MANAGING MEMBERS/MANAGERS	<del></del>	. 22		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, RONALD K 5399 EAST HWY C-30A PMB #244 SEAGROVE BEACH, FL 32459		U00000153256 05/04/04-80119-025 50.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDBERG, MICHAEL A 6303 BLUE LAGOON DR., STE 380 MIAMI, FL 33126	<u></u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Komlo K. Culan

4/27/04

752-0060