


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000001865</b> 1. Entity Name INTREPID AVIATION PARTNERS GROUP, LLC	
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Principal Place of Business 3106 PROFESSIONAL PLAZA GERMANTOWN, TN 38138	Mailing Address 3106 PROFESSIONAL PLAZA GERMANTOWN, TN 38138
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**DO NOT WRITE IN THIS SPACE**



04282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1831211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

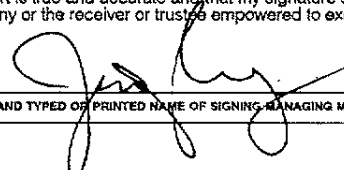
**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000360889  
05/05/2005-80054-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, RONALD K 5399 EAST HWY C-30A PMB #244 SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GOLDBERG, MICHAEL A 6303 BLUE LAGOON DR., STE 380 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **James R. Selberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date **4/29/05** Daytime Phone # **901-752-0060**

**James R. Selberg**  
**Executive Vice President**