

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # M01000001485

1. Entity Name  
INTREPID AVIATION PARTNERS VII, LLC



Principal Place of Business

5399 EAST HIGHWAY, C30-A, P.M.B. #244  
SEAGROVE BEACH, FL 32459

Mailing Address

5399 EAST HIGHWAY, C30-A, P.M.B. #244  
SEAGROVE BEACH, FL 32459

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



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3728582

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ANDERSON, RONALD K  
5399 EAST HWY C630-A PMB #244  
SEAGROVE BEACH, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GOLDBERG, MICHAEL  
6303 BLUE LAGOON DR, STE 380  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000153201  
05/04/04-80119-008 50.00

DO NOT WRITE  
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:

*Ronald K. Anderson*

4/27/04

901-  
752-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #