# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M02000001814

1. Entity Name
INTREPID AVIATION PARTNERS VIII, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5399 EAST HWY, C30-A, P.M.B. #244<br>SEAGROVE BEACH, FL 32459 | 5399 EAST HWY, C30-A, P.M.B. #244<br>SEAGROVE BEACH, FL 32459 |

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04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0000441
☐ 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 32301-2607

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

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

000000360852
05/05/05-80044-018 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | ANDERSON, RONALD K |
| STREET ADDRESS | 5399 EAST HWY, C30-A, P.M.B. #244 |
| CITY-ST-ZIP | SEAGROVE BEACH, FL 32459 |
| TITLE | MGRM |
| NAME | GOLDBERG, MICHAEL |
| STREET ADDRESS | 5399 EAST HWY, C30-A, P.M.B. #244 |
| CITY-ST-ZIP | SEAGROVE BEACH, FL 32459 |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 Executive Vice President 4/26/05 961-752-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OFFICER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #