2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M99000001395**

1. Entity Name

INTREPID AVIATION PARTNERS II, LLC



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

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.



## DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1793756

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

and the second s		.u	<u></u>
<ol><li>The above named entity subtraction the obligations of registered.</li></ol>	mits this statement for the purpose of changing its regis agent.	tered office or registered agent, or both, in the	State of Florida. I am familiar with, and accep
SIGNATURE Sgnature, typed or print	ed name of registerod agent and title if applicable. (NOTE. Regis	stered Agent signature required when reinstating)	Table   Hamilton   Light   Mise   Mise
Filing Fee is \$5 Due by May 1,	50.00 comy:		-
9.	MANAGING MEMBERS/MANAGERS		
TITLE MGRM  NAME ANDERSON, I STREET ADDRESS CITY-ST-ZIP SEAGROVE B  TITLE MGRM  NAME GOLDBERG, I STREET ADDRESS 6303 BLUE LA	WY. C30-A, P.M.B. #244 BEACH, FL 32459 MICHAEL A AGOON DR., STE 380	05/0 <sup>2</sup>	00000153001 4/04-80109-002 50.00
CITY-ST-ZIP MIAMI, FL 33 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			T WRITE S 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.

/, /

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/27/04

901-752-0060

Daytime Phone #