

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99 000001901

i. Entity Name  
Intrepid Aviation Partners III, LLC

Principal Place of Business Mailing Address

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -3 AM 9:49

MJH

DO NOT WRITE IN THIS SPACE

|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br>5399 East Highway<br>Suite, Apt. #, etc.<br>C30-A, P.M.B. #244<br>City & State<br>Seagrove Beach, Florida<br>Zip<br>32459 |  | 3. Mailing Address<br>5399 East Highway<br>Suite, Apt. #, etc.<br>C30-A, P.M.B. #244<br>City & State<br>Seagrove Beach, Florida<br>Zip<br>32459 |  |
| Country<br>USA  |  | Country<br>USA  |  |

|   |  |
|---|--|
| 4. FEI Number<br>63-1238372   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |  |

6. Name and Address of Current Registered Agent  
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director/MGR<br>Ronald K. Anderson<br>5399 East Highway, C30-A, P.M.B., #<br>Seagrove Beach, FL 32459<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director/MGR<br>Robert L. Cox<br>50 N. Front Street, Suite 1300<br>Memphis, TN 38103<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Robert L. Cox* 6/26/00 (901) 543-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

800003312538--8



01055-02764-01069

ACCOUNT NO. : 072100000032

REFERENCE : 749231 4721633

AUTHORIZATION :

*Patricia Pigeon*

COST LIMIT : \$ 55.00

ORDER DATE : June 29, 2000

ORDER TIME : 3:35 PM

ORDER NO. : 749231-010

CUSTOMER NO: 4721633

CUSTOMER: Mr. Thomas Brabyn  
Waring Cox, Plc  
Suite 1300  
50 North Front Street  
Memphis, TN 38103

ANNUAL REPORT FILING

NAME: INTREPID AVIATION PARTNERS  
III LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM - Ext. 1104

EXAMINER'S INITIALS: \_\_\_\_\_