2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000001901

5399 EAST HIGHWAY

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

INTREPID AVIATION PARTNERS III, LLC Principal Place of Business 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



DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 63-1238372

Applied For Not Applicable

5. Certificate of Status Desired

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

			114	TINO OI	AOL	
	named entity submits this statement for the purpose of changings of registered agent.	ging its registered	office or registered agent, or b	ooth, in the State of Flo	rida. I am familia	r with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	(NOTE Begistered I	Agent signature required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2004		and the second s	··		
9.	MANAGING MEMBERS/MANAGERS					<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, RONALD K 5399 EAST HIGHWAY C30-A, PMB #244 SEAGROVE BEACH, FL 32459			U0000015 05/04/04 - 80	52988 1109-001 Si	0.00
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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)(1), 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:

NAME STREET ADDRESS CITY-ST-ZIP

BER, OR AUTHORIZED REPRESENTATIVE