


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Feb 02, 2007 08:00 A  
Secretary of State**

**DOCUMENT # A94000001802**  
1. Entity Name  
**CHAMPION FAMILY PARTNERSHIP, LTD.**



|   |   |
|---|---|
| Principal Place of Business<br><b>1804 MICCOSUKEE COMMONS, #204<br/>TALLAHASSEE, FL 32308</b> | Mailing Address<br><b>1804 MICCOSUKEE COMMONS, #204<br/>TALLAHASSEE, FL 32308</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LP CR2E003 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3295239</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**  
  
**CHAMPION, JOHN E JR  
1804 MICCOSUKEE COMMONS, #204  
TALLAHASSEE, FL 32308**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION                     |   |
|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P94000092519<br/>CHAMPION FAMILY CORPORATION, INC.<br/>1804 MICCOSUKEE COMMONS, #204<br/>TALLAHASSEE, FL 32308</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000619209  
02/08/07-80061-019 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **John E. Champion, Jr** 1/28/07 850-942-9915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #