2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000053839

1. Entity Name

CHAMPS ALUMINUM & CONCRETE, LLC

Principal Place of Business
3609 PANTHER PATH
LUTZ FL 33549

Mailing Address
3609 PANTHER PATH
LUTZ FL 33549

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip | Country

1st MOORE CR2E083 (10/05)

4. FEI Number 52-2414616 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUCHAMP, DAVID A
3609 PANTHER PATH
LUTZ FL 33549

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. I am familiar with, and accep the obligations of registered agent.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	BEAUCHAMP, DAVID A	
STREET ADDRESS	3609 PANTHER PATH	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	MGR	☐ Delete
NAME	BEAUCHAMP, JOHN JR	
STREET ADDRESS	7151 FAIRVIEW PARK DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	MGR	☐ Delete
NAME	BEAUCHAMP, PHILLIP D	
STREET ADDRESS	3609 PANTHER PATH	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	U000000428094 02/21/06 80036-003 50.00	☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

920-0700

SIGNATURE: DAVID BEAUCHAMP 2-2-06 813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #