


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A93000001425			
1. Entity Name CHAMPION COMMUNICATIONS, LTD.			
Principal Place of Business 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483		Mailing Address 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 MAY 31 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA




1st MOORE CR2E003 (10/05)

4. FEI Number 65-0456522		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAMPION COMMUNICATIONS INC. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent Name ERIC CHERRY Street Address (P.O. Box Number is Not Acceptable) 1801 S Federal Hwy Suite 300 City Delray Beach FL Zip Code 33483	
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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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V73487 CHAMPION COMMUNICATIONS INC. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483	STREET ADDRESS CITY-ST-ZIP	100075654001 06/02/06--01003--010 **500.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE