2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DQCUMENT # L00000007673 1 Entity Name

CHAMPIONS GREEN, L.L.C.

Principal Place of Business

27299 RIVERVIEW CENTER BLVD SUITE #102

BONITA SPRINGS, FL 34134



Mailing Address

27299 RIVERVIEW CENTER BLVD **SUITE #102**

BONITA SPRINGS, FL 34134

FILED Feb 06, 2004 08:00 AM **Secretary of State**



01202004 No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0244548 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Devima Phone #

CR2E083 (10/03)

6. Name and Address of Current Registered Agent

WERWIESER, DIETER 27299 RIVERVIEW CENTER BLVD #102 BONITA SPRINGS, FL 34134

DO NOT WRITE IN THIS SPACE

	d gauget or tangets	. }			
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	d office or registered agent, or bo	th, in the State of Florida. I am fa	amiliar with, and accept
SIGNATURE_				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2004			ः र, अस	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENWIESER, DIETER 27299 RIVERVIEW CENTER BLVD #102 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000038263 02/06/04-80131-0	013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY STATE					

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.

D. WENWIESER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: