

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90098 045 \*\*\*\*50.00

**DOCUMENT # L01000008290**

1. Entity Name  
**CHAMPION CENTER REALTY CO., L.L.C.**



Principal Place of Business

**4982 WEST ATLANTIC BLVD.**  
**MARGATE, FL 33063**

Mailing Address

**P.O. BOX 8552**  
**CORAL SPRINGS, FL 33075**

**24012412**



01232004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1107626**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PETER J SCHWEITZER ASSOCIATION, INC.**

**4982 WEST ATLANTIC BLVD**  
**MARGATE, FL 33063**

**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

*Peter J Schweitzer*  
**Peter J Schweitzer**

**2/12/04**

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR**  
**SCHWEITZER REALTY GROUP, LTD**  
**P.O. BOX 8552**  
**CORAL SPRINGS, FL 33075**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

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.

**SIGNATURE:**

*Peter J Schweitzer*  
**Peter J Schweitzer**

Date

Daytime Phone #

**2/12/04**  
**954-972-0322**