


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000008290
 1. Entity Name
CHAMPION CENTER REALTY CO., L.L.C.



Principal Place of Business
4996 W. ATLANTIC BLVD.
MARGATE, FL 33063

Mailing Address
P.O. BOX 8552
CORAL SPRINGS, FL 33075

DO NOT WRITE IN THIS SPACE



02162006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1107626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PETER J SCHWEITZER ASSOCIATION, INC.
4996 W. ATLANTIC BLVD
MARGATE, FL 33063

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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWEITZER REALTY GROUP, LTD P.O. BOX 8552 CORAL SPRINGS, FL 33075
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 10/02/06-80001-019 50.00

11. 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 managing member or manager of the limited liability company or the trustee, or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Peter J Schweitzer** 2/16/06 954972-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #