


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90144 043 ****50.00

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

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| Principal Place of Business 4996 W. ATLANTIC BLVD. MARGATE, FL 33063 | Mailing Address P.O. BOX 8552 CORAL SPRINGS, FL 33075 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01312007 Chg-LLC CR2E083 (12/06)

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

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent PETER J SCHWEITZER ASSOCIATION, INC. 4996 W. ATLANTIC BLVD MARGATE, FL 33063 | | 7. Name and Address of New Registered Agent Name <u>Seth-E-ELLS, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>2385 EXECUTIVE CENTER DRIVE</u> <u>Suite 190</u> City <u>BOCA RATON</u> FL Zip Code <u>33431</u> | |
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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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 2/21/07

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHWEITZER REALTY GROUP, LTD P.O. BOX 8552 CORAL SPRINGS, FL 33075 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 3/12/07 954972032

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