FILED Sep 22, 2002 8:00 am Secretary of State

DOCUMENT # LO(00008323			09-22-2002 90065 006 ****50.00
1. Entity Name CHAMPAGNE PLACE		, /	
CHAMMONE PCAC			
DO NOT WRITE IN THIS SPACE			981040
			001040
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State	State City & State		4. FEI Number, C Applied For
SOCK PLATUN FL Zip 33433 Country US	BOCA PLATON	Country	(05-) (06) Not Applicable
33433 U)	Zip 33433 Country 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent		Fee Required
DO NOT WOITE			SEAT AMARAL
Street Address (P.O. Box Number is Not Acceptable) REPART CONTROL CON			
	. 1	CityLUCA	P. Mal FL Zip.Code
8. The above napled entity submits this statement for	r the purpose of changing its	registered office or register	red agent, or both, in the State of Florida.
SIGNATURE Signature, typed or prefered frame of registered agent and title if applicable. ROBERT AMANA. 9/1/02 DATE			
		EE IS \$50.00 sales	f State
9. MANAGING MEMBE		ÜE BY MAY 1	
TITLE PD	*******	TITLE	(0)
NAME AMARAL, ROBERT STREET ADDRESS 27201 BOCA CLUB CULONT CIR CITY-ST-ZIP BOCA KATON FL 33433		NAME STREET ADDRESS CITY-ST-ZIP	CRZE083B (12/01
TITLE	55157	TITLE	R2E00
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
TITLE NAME		TITLE	
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS	DO NOT WRITE
TITLE NAME		TITLE NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-2P		STREET ADDRESS CITY:ST:ZIP	
TITLE NAME		TITLE A	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
THE		TINE	
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
11. I hereby certify that the information supplied with this filling does not qualify for the exemption sta			ction 119.07(3)(i), Florida Statutes. I further certify that the information
limited liability company or the receiver of frustee	empowered to execute this r	eport as required by Chapti	ade under oath; that I am a managing member or manager of the er 608, Florida Statutes.
SIGNATURE: SIGNATURE: SIGNATURE AND TYPEDER PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Prope #			

Attachment <u>a81040</u> #L0100008323

23201 Boca Club Colony Circle Boca Raton, FL 33433

September 10th, 2002

Secretary of State PO Box 6327 Tallahassee, FL 32314

RE: Champagne Place Family, L. L. C.

To Whom It May Concern:

Enclosed please a check in the amount of \$50.00 to cover the cost of the 2002 Uniform Business Report filing fee for the above named Limited Liability Company.

We are requesting that you wave the late fee because we never received the original or second notice of the uniform business report due to our move to a new address.

Sincerely,

Robert Amaral