2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Jan 26, 2005 08:00 AM Secretary of State DOCUMENT # L01000013870 1. Entity Name CHAMPAGNE INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 1252 LAKE POINT DRIVE LAKELAND FL 33813-2810 1252 LAKE POINT DRIVE LAKELAND FL 33813-2810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State 4. FEI Number City & State 59-3738569 Not Applicable \$5.00 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUCK, JOSEPH S Street Address (P.O. Box Number is Not Acceptable) 1252 LAKE POINT DRIVE LAKELAND FL 33813-2810 Zip Code 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 | am familiar with, and accept the obligations of registered_agent. SIGNATURE Senature typed or printed name of registered again and title if explicable (NOTE Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS Addition ☐ Change TITLE 11111 MGRM ☐ Delete NAME NAME BUCK, JOSEPH S U00000197833 01/27/05-80025-021 **50.**00 1252 LAKE POINT DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-ZIP LAKELAND FL_33813-2810 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CiTY ST-7IP Change Addition ☐ Defete TITLETHE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE THEF NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-ZIP ☐ Addition 🗀 Delete TITLE HILE NAML NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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

A S-Buck JOSEPH S, BUCK 1-24-05 863-646-6607
ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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