

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014844

FILED
Feb 27, 2008
Secretary of State

Entity Name: CHAMPION REALTY GROUP, LLC

Current Principal Place of Business:

9428 BAYMEADOWS ROAD
SUITE 112
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9428 BAYMEADOWS ROAD
SUITE 112
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3744252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COOK, DAVID C
Address: ONE INDEPENDENT DR., SUITE 1300
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM () Delete
Name: ECKSTEIN, JOSEPH P
Address: PO BOX 50338
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: MGRM () Delete
Name: BEECKLER, THOMAS F
Address: 9428 BAYMEADOWS RD., STE. 112
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS F. BEECKLER

MGRM

02/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date