


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Sep 12, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000022200</b> 1. Entity Name CHAMPENAE DEVELOPMENT, L.C.	
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Principal Place of Business 2913 INDIAN RIVE DRIVE COCOA, FL 32922	Mailing Address 2913 INDIAN RIVE DRIVE COCOA, FL 32922
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**DO NOT WRITE IN THIS SPACE**



09072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2073883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SOILEAU, JOHN L ESQUIRE 3490 N. HIGHWAY US 1 COCOA, FL 32923-6007	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

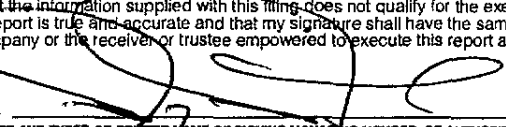
**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLER, RICHARD 165 N. CANAL STREET, SUITE 1525 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSINI, ROY 2913 INDIAN RIVER DRIVE COCOA, FL 32922
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/12/05-80004-001 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **25-05** **321-504-0674**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #