2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR BANTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 20, 2006 08:00 AM Secretary of State

3-10-00

Daytime Phone #

Cate

DOCUMENT # L03000003151 1. Enlity Name CHAMP PIZZA, LLC			Secretary of State
Principal Place of Business 915 DOYLE RD., STE. 305 DELTONA, FL 32725 Mailing Address 1326 EAST LUMSDEN RD. BRANDON, FL 33511			01102006 No Chg-LLC CR2E083 (11/05) 4. FEI Number
DO NOT WRITE IN THIS SPACE			
8. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H ESQ HINES, NORMAN, HINES & SULLIVAN, PL 315 SOUTH HYDE PARK AVE TAMPA, FL 33606			DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstailing) DATE Fitting Fee is \$50.00 Due by May 1, 2006			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR KAZBOUR, TAREK A 1326 EAST LUMSDEN RD, BRANDON, FL 33511		
INTLE NAME STREET ADDRESS CITY-ST-ZIP			000000474865 04/04/06-80040-025 50.00
INTLE NAME SIREET ADDRESS CITY-SI-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-2IP			
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			