



FILED
Mar 28, 2008 08:00 A
Secretary of State

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000006913		
1. Entity Name SIDNEY H. SAVELLE CHAMPAIGN GROUP, LLC		
Principal Place of Business 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067 US	Mailing Address C/O SAVELLE INVESTMENT DYNAMICS 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067 US	 03202008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 45-0490523		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		
SOLITT, JANET 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067		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 <u><i>Janet Solitt</i></u> <u>Janet Solitt</u> <u>3/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
04/10/08-80063-016 138.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	DO NOT WRITE IN THIS SPACE
NAME	SAVELLE, SIDNEY H	
STREET ADDRESS	5521 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <u><i>Sidney H. Savelle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Sidney H. Savelle		<u>3/20/08</u> <u>9543455555</u> <small>Date Daytime Phone #</small>