



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90149 014 ****55.00

DOCUMENT # L03000011702					
1. Entity Name MICHAEL CHAMPAGNE LLC					
Principal Place of Business 18820 STEWART CIRCLE #3 BOCA RATON, FL 33496			Mailing Address 18820 STEWART CIRCLE #3 BOCA RATON, FL 33496		
2. Principal Place of Business 2901 CLINTMOORE RD Suite, Apt. #, etc. 418		3. Mailing Address 2901 CLINTMOORE RD Suite, Apt. #, etc. 419			
City & State BOCA RATON		City & State BOCA RATON		01172006 Chg-LLC CR2E083 (11/05)	
Zip 33496		Country USA		4. FEI Number 61-1446597	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CHAMPAGNE, MICHAEL 18820 STEWART CIRCLE #3 BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name CHAMPAGNE MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2901 CLINTMOORE RD #419 City BOCA RATON FL 33496		
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>Michael Champagne PRES.</i></u> DATE <u>2-6-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMPAGNE, MICHAEL 18820 STEWART CIR #3 BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHAMPAGNE MICHAEL 2901 CLINTMOORE RD #419 BOCA RATON FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Michael Champagne PRES.</i></u> DATE <u>2-6-06</u> DAYTIME PHONE # <u>561-213-1867</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					