

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000027873</b> 1. Entity Name <b>CHAMPION MANAGEMENT COMPANY, LLC</b>	
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Principal Place of Business 1804 MICCOSUKEE COMMONS UNIT 204 TALLAHASSEE, FL 32308	Mailing Address 1804 MICCOSUKEE COMMONS UNIT 204 TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0115325	Applied For <input type="checkbox"/> 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

CHAMPION, JOHN E JR.  
 1804 MICCOSUKEE COMMONS  
 UNIT 204  
 TALLAHASSEE, FL 32308

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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 re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMPION, JOHN E JR. 4012 KILMARTIN DR TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKBURN, SALLY C 8499 CONGRESSIONAL DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000618965  
02/08/07-80053-001 50.00

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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:** *John E. Champion, Jr.*      1/22/07      850-942-9915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #