

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90062 036 \*\*\*\*50.00

DOCUMENT # L03000039465

1. Entity Name  
CHAMPIONS LEESBURG, LLC



Principal Place of Business  
3772 WEST COLONIAL DRIVE  
ORLANDO, FL 32808

Mailing Address  
3772 WEST COLONIAL DRIVE  
ORLANDO, FL 32808

44033013



2. Principal Place of Business  
2408 W MAIN ST

3. Mailing Address

04042004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Leesburg FL

City & State

4. FEI Number  
75-3141778

Applied For  
Not Applicable

Zip  
34748

Country  
Lake

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, J. GREGORY ESQ.  
C/O SHUTTS & BOWEN LLP  
300 SOUTH ORANGE AVENUE, SUITE 1000  
ORLANDO, FL 32801-5403

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
mgr member  
KEVIN MATHLEY  
9413 GURMA ROAD  
WINDERMERE FL 34784

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
mgr member  
DONALD C MATHLEY  
9416 SLOANE ST  
ORLANDO FL 32827

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sec-Treas  
JOHN LUMPKIN  
266 LEMON LILY CT  
ALTAMUNTE SPRINGS FL 32714

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

*John Lumpkin Sec-Treas* 4/26/04 407-291-1448