

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90018 050 ****50.00

DOCUMENT # L04000054575

1. Entity Name
CHAMPION RESOURCES, LLC



Principal Place of Business
**103 N. MERIDIAN STREET LOWER LEVEL
TALLAHASSEE, FL 32301**

Mailing Address
**PO BOX 970161
BOCA RATON, FL 33497-0161**

see chs below

20047651



2. Principal Place of Business
23142 A Sandalfoot Plaza Dr.

Suite, Apt. #, etc.

3. Mailing Address
23142 A Sandalfoot Plaza Dr.

Suite, Apt. #, etc.

04212005 Chg-LLC CR2E083 (10/03)

City & State
Boca Raton, FL

Zip
33428

Country
USA

4. FEI Number
20-1397413

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET LOWER LEVEL
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
Norkus, Edmond S.

Street Address (P.O. Box Number is Not Acceptable)
23142 A Sandalfoot Plaza Dr.

City
Boca Raton

FL Zip Code
33428

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		M. Norkus, Edmond S. 23142 A Sandalfoot Plaza Dr. Boca Raton, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		M. Norkus, Karen L. 23142 A Sandalfoot Plaza Dr. Boca Raton, FL 33428	
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
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
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
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 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]* **4/21/05**

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