

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

06 NOV -8 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000094427

1. Entity Name
CHAMPION LIFT SYSTEMS, LLC



Principal Place of Business
6368 OLD CHENEY HIGHWAY
ORLANDO, FL 32807

Mailing Address
POST OFFICE BOX 617681
ORLANDO, FL 32861

2. Principal Place of Business
6950 Venture Circle #4A
Suite, Apt. #, etc.

3. Mailing Address
6950 Venture Circle #4A
Suite, Apt. #, etc.



10242006 Chg-LLC CR2E083 (11/05)

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
20-2058186

Applied For
Not Applicable

Zip
32807

Country
USA

Zip
32807

Country
USA

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

6. Name and Address of Current Registered Agent

MASHBURN, ERIC S ESQUIRE
102 EAST MAPLE STREET
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name
Mark R. Kolmetz
Street Address (P.O. Box Number is Not Acceptable)
6950 Venture Circle, #4A

City
Orlando FL Zip Code
32807

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

November 1, 2006

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CLARK, JERRY W
989 GLENMEADOW DRIVE
WINTER GARDEN, FL 34787 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOLMETZ, MARK R
10736 HARKWOOD BLVD.
ORLANDO, FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100081774291
11/14/06--01073--023 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

Mark R. Kolmetz 11/1/06

407-678-7610

Date

Daytime Phone #