2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 31, 2008
Secretary of State

DOCUMENT# L06000091578

Entity Name: CHAMPIONS MT. DORA, LLC

Current Principal Place of Business:

17512 HIGHWAY 441 W
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

3772 WEST COLONIAL DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 20-5617987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE.
SUITE 1000 (JGH)
ORLANDO, FL 328015403 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete
Name: MEALEY, DONALD C
Address: 3772 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRV (X) Change ( ) Addition
Name: MEALEY, ROBERT G
Address: 3772 WEST COLONIAL DR
City-St-Zip: ORLANDO, FL 32808

Title: P ( ) Change (X) Addition
Name: MEALEY, DONALD C
Address: 3772 WEST COLONIAL DR
City-St-Zip: ORLANDO, FL 32808

Title: ST ( ) Change (X) Addition
Name: LUMPKIN, JOHN
Address: 3772 WEST COLONIAL DR
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD C MEALEY P 10/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date