2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008 4/2

FILED
May 27, 2008 8:00 am
Secretary of State
04-21-2008 90317 019 ***138.75

DOCUMENT # L07000121764

1. Entity Name

RANDALL JAMES CHAMP LLC

Principal Place of Business	Mailing Address
167 WEST 65TH STREET JACKSONVILLE FL 32208	167 WEST 65TH STREET JACKSONVILLE FL 32208

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
167 West 65th St.	167 West 65th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Fl.	City & State: Jacksonville, Fl.
Zip: 32208 Country: Duval	Zip: 32208 Country: Duval

4. FEI Number: ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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] 4/6/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAMP, RANDALL		NAME	
STREET ADDRESS	167 WEST 65TH STREET		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAMP, RANDALL		NAME	
STREET ADDRESS	167 WEST 65TH STREET		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 4/6/08 904-228-1876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #