

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034156

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** CHAMPION ENTERTAINMENT ENTERPRISES, LLC

**Current Principal Place of Business:**

840 EDGEWOOD AVENUE SOUTH  
SUITE #220  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

840 EDGEWOOD AVENUE SOUTH  
SUITE #220  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUTER, MAX A  
840 EDGEWOOD AVENUE SOUTH  
SUITE #220  
JACKSONVILLE, FL 32205 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: MGRM  
Name: JENSEN, CHARLES J II  
Address: 5811 ATLANTIC BLVD #163  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM  
Name: SUTER, MAX A  
Address: 840 EDGEWOOD AVENUE SOUTH SUITE #220  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGRM  
Name: VOLOSHIN, ILYA  
Address: 9573 MAIDSTONE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGRM  
Name: MCGUIRE, SHERRY  
Address: 10850 GRAYSON ST  
City-St-Zip: JACKSONVILLE, FL 32220 US

I hereby 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: CHARLES J JENSEN II                      MGRM                      04/08/2011

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