

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

INVOICE DATE: 1/15/04 **FILED**
Jan 28, 2004 08:06 AM

PROPERTY SECRETARY OF STATE VENDOR #

Doc 8544 50.00

APPROVAL EN

DATE 1/15/04 JAN 21 2004



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 63-1156933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DOCUMENT # M02000002644

1. Entity Name
CHAMPIONS, L.L.C.



Principal Place of Business 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209	Mailing Address 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, JANE M 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, SEVEN V 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, H. MICHAEL 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, DANIEL G. 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTCREST PARTNERS, LTD 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, III, THOMAS J 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209

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01/28/04-80083-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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: M. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #