

FILED**Apr 25, 2005 08:00 AM**
Secretary of State**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT***FL Code 8544*

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
--	--

DO NOT WRITE IN THIS SPACE

04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
83-1156933Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**1100000330110
04/25/05-80144-017 50.00**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 MONTREST 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

**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 600, Florida Statutes.

SIGNATURE: *M. Adams*

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

Date

Daytime Phone #