

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90375 024 ****50.00

DOCUMENT # M03000003092	
1. Entity Name SEBASTIAN RIVERWALK INVESTORS LLC	

Principal Place of Business C/O CHAMPION PROPERTIES, INC. 3637 MCMURRAY ROAD MCMURRAY, PA 15317	Mailing Address C/O CHAMPION PROPERTIES, INC. 3637 MCMURRAY ROAD MCMURRAY, PA 15317
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2. Principal Place of Business 701 TECHNOLOGY DRIVE Suite, Apt. #, etc. 210	3. Mailing Address 701 TECHNOLOGY DR Suite, Apt. #, etc. 210
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City & State CANONSBURG, PA	City & State CANONSBURG, PA
Zip 15317	Zip 15317
Country USA	Country USA



01142005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	☐ Delete	TITLE 701 TECHNOLOGY DRIVE, SUITE 210	☒ Change ☐ Addition
NAME CHAMPION PROPERTIES, INC.		NAME CANONSBURG, PA 15317	
STREET ADDRESS 3637 MCMURRAY ROAD, SUITE 2		STREET ADDRESS	
CITY-ST-ZIP MCMURRAY, PA 15317		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 exemption stated in Section 19.07(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: 	1-14-05 (724) 746-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE RICHARD M. CRONBERG	Date Daytime Phone #