


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90357 002 \*\*\*\*50.00

<b>DOCUMENT # M05000006206</b> 1. Entity Name <b>CHALLENGER-DISCOVERY, LLC</b>					
Principal Place of Business <b>124 E. COLONIAL DRIVE ORLANDO, FL 32801</b>			Mailing Address <b>P.O. BOX 2206 ORLANDO, FL 32801</b>		
2. Principal Place of Business - No P.O. Box # <b>5401 S. KIRKMAN ROAD</b>		3. Mailing Address <b>5401 S. KIRKMAN ROAD</b>			
Suite, Apt. #, etc. <b>SUITE 650</b>		Suite, Apt. #, etc. <b>SUITE 650</b>			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32819-7912</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name <b>KELLER, KATHLEEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5401 S. KIRKMAN ROAD</b> <b>SUITE 650</b> City <b>ORLANDO FL</b> Zip Code <b>32819-7912</b>			
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 <u><i>Kathleen Keller</i></u> DATE <u>1/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAYER, RINA 21 RUE DU MONT BLANC GENEVA, SWITZERLAND,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEITERSDORF, JONATHAN 21 RUE DU MONT BLANC GENEVA, SWITZERLAND,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AVNAT, JOSEPH 21 RUE DU MONT BLANC GENEVA, SWITZERLAND,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KURZ, PIERRE 21 RUE DU MONT BLANC GENEVA, SWITZERLAND,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOURGER, DOMINIQUE 21 RUE DU MONT BLANC GENEVA, SWITZERLAND,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Keller, Kathleen 5401 S. Kirkman Rd #650 Orlando, FL 32819-7912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <span style="float: right;">2/6/07 407-351-6006</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					