

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074755

FILED
Apr 27, 2006
Secretary of State

Entity Name: SUMAFORCES REALTY, LLC

Current Principal Place of Business:

8700 W. FLAGLER STREET, SUITE 230
MIAMI, FL 33174

New Principal Place of Business:

18851 NE 29 AVE
728
MIAMI, FL 33180

Current Mailing Address:

8700 W. FLAGLER STREET, SUITE 230
MIAMI, FL 33174

New Mailing Address:

18851 NE 29 AVE
728
MIAMI, FL 33180

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

Name and Address of Current Registered Agent:

GONZALEZ, IVAN
15751 SHERIDAN STREET #134
DAVIE, FL 33331 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: P () Delete
Name: GONZALEZ, IVAN J
Address: 15751 SHERIDAN STREET #134
City-St-Zip: DAVIE, FL 33331

Title: S () Delete
Name: SANTAMARIA, ALFREDO
Address: 14469 SW 27TH STREET
City-St-Zip: MIAMI, FL 33175

Title: CEO () Delete
Name: BAYER, OSCAR
Address: 3400 NE 192ND STREET, LP 12
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: IVAN GONZALEZ

P

04/27/2006

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