


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90348 020 ****50.00

DOCUMENT # L02000017457		
1. Entity Name LIFE AMERICA LENDERS, L.L.C.		

Principal Place of Business 1930 HARRISON ST 202 HOLLYWOOD, FL 33020 US	Mailing Address 1930 HARRISON ST 202 HOLLYWOOD, FL 33020 US
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2. Principal Place of Business - No P.O. Box # 174 N.E 96th Street	3. Mailing Address 174 N.E 96th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Shores - Florida	City & State Miami Shores - Florida
Zip 33138	Country U.S.A.
Zip 33138	Country

40098100



02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 33-1014820	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SERBER, DANIEL J ESQ. TURNBERRY PLAZA, SUITE 801 2875 191ST STREET AVENTURA, FL 33180	

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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DG INVESTMENTS LIMITED, INC. 2875 N.E. 191ST STREET AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: 	Ernesto Frost	04.27.07	305-7581136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #