2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008
Secretary of State

DOCUMENT# L03000035734

Entity Name: SUMPRAXIS LLC

Current Principal Place of Business:

3701 FAU BLVD
SUITE 210
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1004 BROOKS LN
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 77-0637595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLLARD, JOSEPH W
1004 BROOKS LN
DELRAY BEACH, FL 33483 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:	MGRM	( ) Delete
Name:	COLLARD, JOSEPH W	
Address:	1004 BROOKS LN	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	MGRM	(X) Delete
Name:	POND, DOUGLAS VP	
Address:	333 W. NORTH AVE. #324	
City-St-Zip:	CHICAGO, IL 60610	
Title:	MGRM	( ) Delete
Name:	SYAL, ASHOK	
Address:	12710 HITCHCOCK COURT	
City-St-Zip:	RESTON, VA 20191	

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 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: JOSEPH W COLLARD CEO 06/09/2008

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