

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110826

Entity Name: SUMSUMCORDA LIFE LLC

FILED
Jul 18, 2007
Secretary of State

Current Principal Place of Business:

20100 W COUNTRY CLUB DRIVE
APT 1609
AVENTURA, FL 33180

New Principal Place of Business:

320 86TH STREET
APT 10
MIAMI BEACH, FL 33141

Current Mailing Address:

20100 W COUNTRY CLUB DRIVE
APT 1609
AVENTURA, FL 33180

New Mailing Address:

320 86TH STREET
APT 10
MIAMI BEACH, FL 33141

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

BARROS, MILAGROS D
20100 W COUNTRY CLUB DRIVE
APT 1609
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

BARROS, MILAGROS D
320 86TH STREET
APT 10
MIAMI BEACH, FL 33141 US

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: MILAGROS D. BARROS

07/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILAGROS, BARROS D
Address: 20100 W COUNTRY CLUB DRIVE #1609
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILAGROS, BARROS D
Address: 320 86TH STREET
City-St-Zip: MIAMI BEACH, FL 33141

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: MILAGRO D. BARROS

MGR

07/18/2007

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