

AD60000000180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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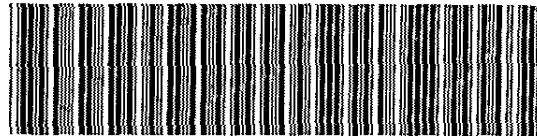
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Strategic Investment Fund, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A06000000180

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**Stefan R. Shubert**

(Contact Person)

**Fisher, Tousey, Leas & Ball, P.A.**

(Firm/Company)

**501 Riverside Avenue, Suite 600**

(Address)

**Jacksonville, Florida 32202**

(City, State and Zip Code)

For further information concerning this matter, please call:

**Stefan R. Shubert**

(Name of Contact Person)

at ( **904** ) **356-2600**

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

**1. Strategic Investment Fund, LLLP**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 01/30/2006**

Date of filing/registration in Florida

**3. A06000000180**

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**Leas, Michael R**

Name

**One Independent Drive, Suite 2600**

Address

**Jacksonville, Florida 32202**

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

**Fisher, Tousey, Leas & Ball, P.A.**

Name

**818 North A1A, Suite 104**

Florida street address (P.O. Box not acceptable)

**Ponte Vedra Beach FL 32082**

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

*Michael R. Leas for STRATEGIC INVESTMENT FUND, LLLP*  
Signature of General Partner

**MICHAEL R. LEAS, AUTHORIZED REPRESENTATIVE FOR**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*Beverly H. Furtick - PRESIDENT*  
Signature of Registered Agent

**BEVERLY H. FURTICK - PRESIDENT**

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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