PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETAR DIVISION OF (LED Y OF STATE CORPORATIONS AM 8: 46
DOCUMENT # A0100000986 1. Name of Limited Partnership STRATEGIC HOLDINGS GROUP Ltd.		remstatet	WENT <u>02-05</u>
2. Principal Office Address IOIO KENNEDY DR. Suite, Apt. #, etc. Suite 404-A City & State Key West, FL. Zip Country 33040 USA 8. Name and Address of Control Name Mitchell T. Cook Street Address (P.O. Box Number is Not Acceptable) 3706 N. Roosever	P.A.	4. Date Formed or Registered To Do Business in Florida 5. FEI Number 20 - 1877889 6. CERTIFICATE OF STATUS DESIRED 7a. Capital Contributions as shown on \$25,000 7b. Amount of Capital Contributions in \$25,000 FEES 1.) Filing Fee(s): Computed at a rate of \$ in 7b, with a minimum filing fee of \$52 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each	FLORIDA to date: 7 per \$1,000 on amount entered .50 and a maximum of \$437.50,
Suite, Apt. #, Etc. State State FL 330 40 Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Statutes.			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY			
MUST I Name(s) of General Partner(s)	BE REGISTERED AND ACTIVE Address of Each General Partner (Do NOT Use Post Office Box Numbers)	WITH THIS OFFICE. City, State and Zip Code	10a. Registration Document Number
J. Luis LEON RicHARD A. RENNER	1010 Kennedy Dr. Suite 404-A	Keywest F1. 33040 50004692 02/21/05-01027-0 Keywest F1. 33040	
•		50004692 02/21/05010270	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as equired by Chapter 620, Florida Statutes. SIGNATURE DATE Z 10 0 5 Telephone Number 305) 292 - 9799			