

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003857

FILED
Apr 22, 2004
Secretary of State

Entity Name: STRATEGIC CAPITAL GROUP, LLC.

Current Principal Place of Business:

11825 INDRIIO ROAD
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

11825 INDRIIO ROAD
FORT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 37-1442983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIPPENS, JOE D
11825 INDRIIO ROAD
FORT PIERCE, FL 34951 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/MEMBERS:

Title: MGRM () Delete
Name: BOURRET, RICHARD H
Address: 7825 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34797

Title: MGRM () Delete
Name: TIPPENS, JOE D
Address: 11875 INDRIIO ROAD
City-St-Zip: FT. PIERCE, FL 34957

Title: MGRM () Delete
Name: LAST, GARY
Address: 11825 INDRIIO ROAD
City-St-Zip: FORT PIERCE, FL 34951

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 for the exemption stated in Section 119.07(3)(i), 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: JOE D TIPPENS

MD

04/22/2004

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