2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005858

1. Entity Name
STRATEGIC REAL ESTATE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 9:53

Principal Place of Business	Mailing Address
~~4000 PONCE DE LEON BLVD~~ ~~SUITE 470~~ ~~CORAL GABLES, FL 33146~~	~~4000 PONCE DE LEON BLVD~~ ~~SUITE 470~~ ~~CORAL GABLES, FL 33146~~

06072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1521 ALTON RD	1521 ALTON RD.
Suite, Apt. #, etc. UNIT NO. 236	Suite, Apt. #, etc. UNIT NO. 236
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139 Country DADE	Zip 33139 Country DADE

4. FEI Number
65-1041162
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~COX, STEPHEN D~~ ~~4000 PONCE DE LEON BLVD STE 470~~ ~~MIAMI, FL 33146~~	Name STEPHEN D. COX Street Address (P.O. Box Number is Not Acceptable) 1521 ALTON RD., UNIT NO. 236 City MIAMI BEACH FL Zip Code 33139

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 31 May 2005
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COX, STEPEHN D ~~4000 PONCE DE LEON BLVD STE 470~~ ~~MIAMI, FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1521 ALTON RD., UNIT NO. 236 MIAMI BEACH, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800061451168 11/15/05--01078--007 **55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 31 May 2005 303-513-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #