2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000012871

STRATEGY CAPITAL OF FLORIDA, LLC



Principal Place of Business

8099 PALOMINO DRIVE NAPLES, FL 34113

Mailing Address

8099 PALOMINO DRIVE NAPLES, FL 34113

FILED Feb 06, 2004 8:00 am Secretary of State

02-06-2004 90162 050 ****50.00

Frannnra



01262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
59-3679380		Not Applicable
E. Cartificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

BENNETT, DAVID C 8099 PALOMIJO DRIVE NAPLES, FL 34113

STREET ADDRESS CITY: ST-ZIP

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8. The above the obligat	named entity submits this statement for the purpose of chan tions of registered agent.	nging its registere	ed office or registered agent, o	or both, in the St	ate of Florida. I am fam	iliar with, and accept
SIGNATURE.	<u> </u>	<u> </u>	in a market	-		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	d Agent signature required when reinstatin	ng)	DATE	
	iling Fee is \$50.00- ue by May 1, 2004			منه د د س سه سه		
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPITAL FUNDING & MANAGEMENT CORP. 8099 PALOMINO DRIVE NAPLES, FL 34113					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAZZPER CAPITAL INC. 3185 HORSESHOE DR., S. NAPLES, FL 34104					
TITLE - NAME		ergaer in	Maria D	O NO	WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			I	ITHIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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.

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