


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90142 025 \*\*\*\*50.00

<b>DOCUMENT # L01000003427</b>	
1. Entity Name <b>STRATEGICA MANAGEMENT, LLC</b>	

Principal Place of Business <b>701 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131</b>	Mailing Address <b>701 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131</b>
---	---

**24064076**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	
<b>BERGER, DAVID J 701 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131</b>	

7. Name and Address of New Registered Agent	
Name <b>CORPORATE CREATIONS Int'l Inc.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>941 Fourth Street #200</b>	
City <b>MIAMI BEACH</b>	FL Zip Code <b>33139</b>

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 <b>KARLA SARRIA, VP GENL</b>	DATE <b>4/30/04</b>

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERGER, DAVID J 701 BRICKELL AVE #2500 MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COOK, STEVEN R 701 BRICKELL AVE #2500 MIAMI, FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BURSTEIN, JACK D 701 BRICKELL AVE #2500 MIAMI, FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KRANZ, SCOTT 701 BRICKELL AVE #2500 MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>[Signature]</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>STEVEN R. COOK, MGR</b> DATE <b>4/26/04</b> DAYTIME PHONE # <b>305-536-1414</b>