


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90142 023 \*\*\*\*50.00

<b>DOCUMENT # L01000008278</b> 1. Entity Name <b>STRATEGICA CAPITAL FUND, LLC</b>					
Principal Place of Business <b>701 BRICKELL AVE., STE 2500 MIAMI, FL 33131</b>			Mailing Address <b>701 BRICKELL AVE., STE 2500 SUITE 1700 MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State			
Zip Country		Zip Country		04262004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>65-1152728</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Barcode	
6. Name and Address of Current Registered Agent  <b>BERGER, DAVID 701 BRICKELL AVE., STE 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 <u>KARLA SARRIA, VP CCN1</u> DATE <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURSTEIN, JACK D 701 BRICKELL AVE., STE 2500 MIAMI, FL 33131		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u>Jack D. Burstein</u> <u>JACK D. BURSTEIN, MGR</u> <u>4/26/04</u> <u>305-536-1414</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					