

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90038 013 \*\*\*\*50.00

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04092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000008278			
1. Entity Name STRATEGICA CAPITAL FUND, LLC			
Principal Place of Business 701 BRICKELL AVE., STE 2500 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE., STE 2500 SUITE 1700 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 701 Brickell Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 2500	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33131	
4. FEI Number 65-1152728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATE CREATIONS INTE, INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
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 <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jack Burstein		Date: 4/16/07	Daytime Phone #: 305-536-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			