## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 12, 2004 8:00 am Secretary of State

DOCUMENT # L01000019430  1. Entity Name STRATEGIC HOLDINGS, L.L.C.						Secretary of State 02-12-2004 90118 019 ****50.00				
Principal Place of Business 504 COLORADO AVE STUART, FL 34994			Mailing Address 504 COLORADO AVE STUART, FL 34994			 	13 <b>- 1818</b> 18 <b>18</b> 18 <b>8</b> 187 - <b>188</b> 187 - 187 - 187 - 187 - 187 - 187 - 187 -	RIÍS <b>B</b> ŘÍŽÍ M <b>SID</b> (Bá	II <b>Sieus</b> hyb <b>ec</b> i	<b>n</b> al (A 1 <b>78</b> )
2. Principal P	lace of Business	3. Mail	3. Mailing Address							
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			02012004	Chg-LLC	CR2E08	33 (10/03)	
City & State	е	City	& State		4. FEI Numb			<del> </del>	plied For t Applicable	
Zip	Country	Zip					of Status Desired		5.00 Add ee Required	
6. Name and Address of Current Registered Agent						7. Name and	d Address of New	Registered A	gent	
DERRENBACKER DAVID B 541 NORTH CAROLINA DRIVE STUART, FL 34994					Name Enic Street Address (		OIFICY per is Not Adpentable Character			
		····			city Qal	n C	its	FL	Zip Code	4990
<ol><li>The above the obligat</li></ol>	named entity submite this stations of registered agent.	ment for the purp	ose of changing its	register	ed office or register	ed agent, or bo	oth, in the State of F	iorida. I am fa	emiliar With,	and accept
SIGNATURE Signature, type printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
Filing Fee is \$50.00 Due by May 1, 2004								ke check pa la Departme		
9.	MANAGING	MEMBERS/MANA	AGERS	10.			ADDITIONS	CHANGES		
TITLE	MEM		Delete	TITL NAM					Change	☐ Addition
NAME STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	STUART, FL 34994	000			-ST-ZIP	·				
TITLE NAME	MEM CEC POIRIER, ERIC Y	· Res	☐ Delete	TITL	l l				☐ Change	☐ Addition
STREET ADDRESS	1342 SEAHAWK WAY				ET ADDRESS					
CITY-ST-ZIP	PALM CITY, FL 34990			CITY	-ST-ZIP					
TITLE	·		Delete	TITL.	l l				Change	☐ Addition
NAME STREET ADDRESS	,			NAM STR	EET ADDRESS					
CITY-ST-ZIP	· ·				-ST-ZIP		· ·	•	-	
TITLE			☐ Delete	TITL	E				Change	Addition
NAME CERTET ADDRESS				NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP					
TITLE			☐ Delete	ťπ					Change	Addition
NAME				NAM	I I					
STREET ADDRESS				16	EET ADDRESS					}
CITY-ST-ZIP	certify that the information our	lied with this filian	plants that available		r-ST-ZIP	action 119.07/2	Yi), Florida Statutes	. I further cert	ify that the in	formation
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 cath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE;										