2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# L04000015216

Entity Name: STRATEGIC PROGRAM ASSET MANAGEMENT, LLC

Current Principal Place of Business:

2000 ISLAND BOULEVARD
#1009
AVENTURA, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

2000 ISLAND BOULEVARD
#1009
AVENTURA, FL 33160 US

New Mailing Address:

FEI Number: 03-0539921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAGAN, RUSSELL J
2000 ISLAND BOULEVARD
#1009
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	KAGAN, RUSSELL J	
Address:	2000 ISLAND BOULEVARD #1009	
City-St-Zip:	AVENTURA, FL 33160 US	
Title:	MGR	( ) Delete
Name:	KAGAN, MICHAEL J	
Address:	2000 ISLAND BOULEVARD #1009	
City-St-Zip:	AVENTURA, FL 33160 US	
Title:	MGR	( ) Delete
Name:	TAYLOR, EVAN R	
Address:	2000 ISLAND BOULEVARD #1009	
City-St-Zip:	AVENTURA, FL 33160 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSSELL KAGAN MGR 01/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date