

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032641

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** STRATEGIC CAPITAL ATM SERVICES L.L.C.

**Current Principal Place of Business:**

1177 GEORGE BUSH BLVD, STE 201  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

110 E. ATLANTIC AVENUE  
SUITE 420  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1177 GEORGE BUSH BLVD, STE 201  
DELRAY BEACH, FL 33483

**New Mailing Address:**

110 E. ATLANTIC AVENUE  
SUITE 420  
DELRAY BEACH, FL 33444

FEI Number: 20-1065687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TINARI, EDWARD R  
1177 GEORGE BUSH BLVD, STE 201  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

TINARI, EDWARD R  
110 E. ATLANTIC AVENUE  
SUITE 420  
DELRAY BEACH, FL 33444 US

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: EDWARD R. TINARI

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TINARI, EDWARD R  
Address: 1177 GEORGE BUSH BLVD, STE 201  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TINARI, EDWARD R  
Address: 110 E. ATLANTIC AVENUE, STE. 420  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD R. TINARI

MGMR

04/25/2007

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