

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000072102

Entity Name: STRATEGIC INVESTMENTS, LLC

**FILED**  
**Jun 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1803 PARK CENTER DRIVE, SUITE 203  
ORLANDO, FL 32835

**New Principal Place of Business:**

5422 CARRIER DRIVE  
SUITE 105  
ORLANDO, FL 32819

**Current Mailing Address:**

1803 PARK CENTER DRIVE, SUITE 203  
ORLANDO, FL 32835

**New Mailing Address:**

5422 CARRIER DRIVE  
SUITE 105  
ORLANDO, FL 32819

FEI Number: 20-1788527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUREK, JOSEPH D JR  
1803 PARK CENTER DRIVE, SUITE 203  
ORLANDO, FL 32835 US

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

DUREK, JOSEPH D JR  
5422 CARRIER DRIVE  
SUITE 105  
ORLANDO, FL 32819 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: JOSEPH D. DUREK, JR.

06/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DUREK, JOSEPH D JR  
Address: 1803 PARK CENTER DRIVE, SUITE 203  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DUREK, JOSEPH D JR  
Address: 5422 CARRIER DRIVE  
City-St-Zip: ORLANDO, FL 32819

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: JOSEPH D. DUREK, JR.

MGRM

06/13/2007

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