

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90203 006 \*\*\*138.75

60014845



02252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1788527 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000072102

1. Entity Name  
STRATEGIC INVESTMENTS, LLC



Principal Place of Business  
5422 CARRIER DRIVE  
SUITE 105  
ORLANDO, FL 32819

Mailing Address  
5422 CARRIER DRIVE  
SUITE 105  
ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #  
2875 S ORANGE AVE

3. Mailing Address  
P.O. Box 508527

Suite, Apt. #, etc.  
SUITE 536

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

Zip  
32806

Country  
USA

Zip  
32856

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
JOSEPH D. DUREK JR

Street Address (P.O. Box Number is Not Acceptable)  
2875 S ORANGE AVE SUITE 536

City ORLANDO FL Zip Code 32806

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 Joseph D. Durek Jr

(NOTE: Registered Agent signature required when reinstating)

2/25/08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME DUREK, JOSEPH D JR  
STREET ADDRESS 5422 CARRIER DRIVE  
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2875 S ORANGE AVE SUITE 536  
CITY-ST-ZIP ORLANDO, FL 32806 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Joseph D. Durek Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/25/08

Date

Daytime Phone #

407  
370 0845