


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90035 011 ****50.00

DOCUMENT # L04000093761	
1. Entity Name STRATEGIC MUNICIPAL INVESTMENTS LLC	

Principal Place of Business 1450 CENTREPARK BLVD #325 WEST PALM BEACH FL 33401	Mailing Address 1450 CENTREPARK BLVD #325 WEST PALM BEACH FL 33401
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2. Principal Place of Business - No P.O. Box # 179 Washington Lane	3. Mailing Address 179 Washington Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

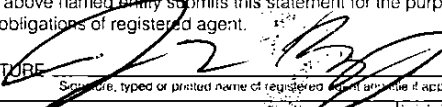
2nd MOORE CR2E083 (4/07)

City & State Jenkintown PA	City & State Jenkintown PA
Zip 19046	Country USA

4. FEI Number 20-2061073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent STRATEGIC LIEN SERVICES LLC 1450 CENTREPARK BLVD #325 WEST PALM BEACH FL 33401	
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7. Name and Address of New Registered Agent Name James Douglas Jr. Street Address (P.O. Box Number is Not Acceptable) 2655 Ulmerton Rd. #311 City Clearwater FL Zip Code 33762	
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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 	DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRATEGIC LIEN SERVICES LLC 1450 CENTREPARK BLVD., SUITE 325 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Crusader Servicing Corporation 179 Washington Lane Jenkintown, PA 19046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/2/07

Date

2158848820

Daytime Phone #