
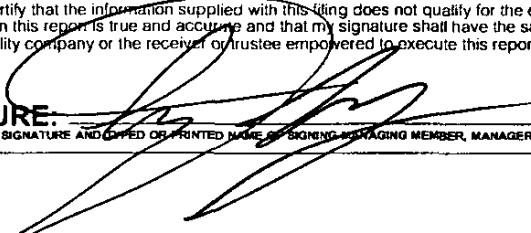


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90043 008 \*\*\*\*50.00

DOCUMENT # L05000043811			
1. Entity Name STRATEGIC INVESTMENTS, LLC			
Principal Place of Business 6602 FLICKER COURT SEFFNER, FL 33584		Mailing Address 6602 FLICKER COURT SEFFNER, FL 33584	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 172811</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>TAMPA, FL</i>	
Zip	Country	Zip <i>33672</i>	Country
6. Name and Address of Current Registered Agent  HYNES, ANTHONY L 6602 FLICKER COURT SEFFNER, FL 33584		7. Name and Address of New Registered Agent Name <i>HAYNES, ANTHONY L</i> Street Address (P.O. Box Number is Not Acceptable)  City <i>FL</i> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HYNES, ANTHONY L 6602 FLICKER COURT SEFFNER, FL 33672 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>HAYNES, ANTHONY L</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, FRANKLIN T 618 FOREST HILLS DRIVE BRANDON, FL 33510 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 		Date <i>9/6/06</i> 813-684-5392	
SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	