


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L06000033819 |  |
| 1. Entity Name STRATEGY PLACE, LLC | |

FILED

07 MAR 26 PM 2:31

CLERK OF STATE
TALLAHASSEE, FLORIDA



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|---|---|
| Principal Place of Business 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 | Mailing Address 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 |
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| 2. Principal Place of Business, No P.O. Box # 7040-22 Seminole Pratt Whitney Rd | 3. Mailing Address 7040-22 Seminole Pratt Whitney Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

03202007 Chg-LLC CR2E083 (12/06)

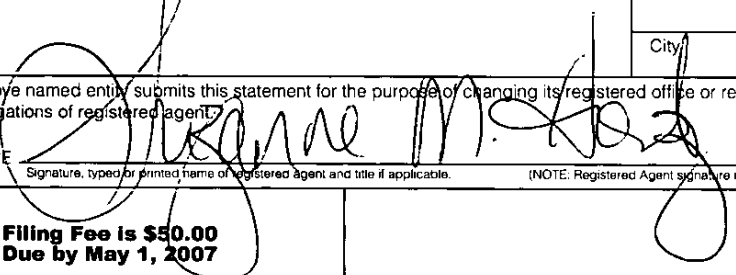
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|---------------------------------|---------------------------------|
| City & State Loxahatchee, FL | City & State Loxahatchee, FL |
| Zip 33470 | Zip 33470 |
| Country US | Country US |

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| 4. FEI Number 84-1707830 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent COHEN, GREGORY R 712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH, FL 33410 |
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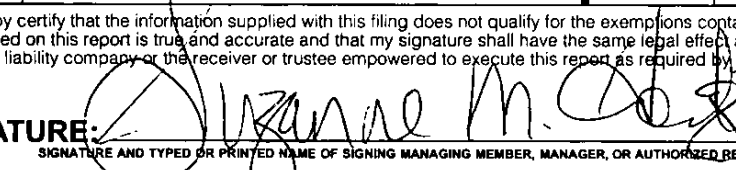
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 8. The above named entity submits this statement for the purpose of changing 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 3/27/07 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HORWITZ, MICHAEL 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7040-22 Seminole Pratt Whitney Rd. Loxahatchee, FL 33470 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800095360638 03/30/07--01028--001 **\$50.00 |
| 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 |

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| 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 3/27/07 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Daytime Phone # |