

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000027925

1. Entity Name
ACP STRATEGIC ADVISORS LLC



Principal Place of Business
444 BRICKELL AVENUE, STE 900
MIAMI, FL 33131

Mailing Address

444 BRICKELL AVENUE, STE 900
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8031460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEGAGNEUR, NATHALIE
444 BRICKELL AVENUE, STE 900
MIAMI, FL 33131

Jude M. Williams
444 Brickell Avenue Suite 900
Miami, FL 33131

L 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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when changing)

02/21/08

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	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen C. de Olazarra		
STREET ADDRESS	444 Brickell Avenue, Suite 900		
CITY-ST-ZIP	Miami, FL 33131		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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, typed or printed name of signing managing member, manager, or authorized representative)

Date

Daytime Phone #

30008944



05-01-2008 90035 039 ***138.75