2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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2006 MAR 15 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000001788

1. Entity Name
~~STATEGIC~~ Strategic PARTNERSHIPS, LLC

Principal Place of Business	Mailing Address
1729 KING STREET, SUITE 100 ALEXANDRIA, VA 22314	1729 KING STREET, SUITE 100 ALEXANDRIA, VA 22314

DO NOT WRITE IN THIS SPACE

01202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
76-0727845
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SMITH, KENNETH M
STREET ADDRESS	1729 KING STREET, SUITE 100
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	MGR
NAME	SMITH, NORA B
STREET ADDRESS	1729 KING STREET, SUITE 100
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	MGR
NAME	KOENINGER, JIMMY G
STREET ADDRESS	1729 KING STREET, SUITE 100
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	MGR
NAME	KOENINGER, KAREN L
STREET ADDRESS	1729 KING STREET, SUITE 100
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kathleen Lee 2/23/06 703-706-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #