

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005389

FILED
Mar 19, 2007
Secretary of State

Entity Name: STRATEGIC ACQUISITION FUND, LLC

Current Principal Place of Business:

67 BATTERYMARCH STREET
BOSTON, MA 02110

New Principal Place of Business:

Current Mailing Address:

67 BATTERYMARCH STREET
BOSTON, MA 02110

New Mailing Address:

FEI Number: 20-1649545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALEX, JAMES C
Address: 67 BATTERYMARCH STREET
City-St-Zip: BOSTON, MA 02110

Title: MGR () Delete
Name: ANDERSON, BRYAN W
Address: 67 BATTERYMARCH STREET
City-St-Zip: BOSTON, MA 02110

Title: MGR () Delete
Name: GESNER, KONRAD JR
Address: 67 BATTERYMARCH STREET
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL PICCIRILLO

COO

03/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date