


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000052608</b>	
1. Entity Name 2020 HARRISON LLC	

Principal Place of Business C/O JENEL MANAGEMENT CORP. 275 MADISON AVE. NEW YORK, NY 10016	Mailing Address C/O JENEL MANAGEMENT CORP. 275 MADISON AVE. NEW YORK, NY 10016
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07032008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-2930089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, JAY S  
USA COMMERCIAL RESIDENTIAL INC  
21406 W. DIXIE HWY  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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: Jay S Goldman      DATE: 7.17.08

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

**FILE NOW!!! FEE IS \$138.75**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.      U00000955978  
**Due by September 12, 2008**      07/22/08-80013-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSHEY, JACK 275 MADSON AVENUE NEW YORK, NY 10016
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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: JACK DUSHEY      Date: 7.09.08 (212) 889-6405      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #