


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90019 034 \*\*\*155.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # L05000100222</b>   |  |    |   |
| 1. Entity Name<br>1020 LR LLC  |  | Principal Place of Business<br>2700 GLADES CIRCLE<br>SUITE 111<br>WESTON, FL 33327  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc. _____  |  | 3. Mailing Address<br>2700 GLADES CIRCLE<br>SUITE 111<br>WESTON, FL 33327<br>Suite, Apt. #, etc. _____  |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br>NATHAN, RANDY J ESQ<br>7805 SW 6TH COURT<br>PLANTATION, FL 33324  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ FL 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>  |  | <b>Make check payable to Florida Department of State</b>  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>FEMA GROUP, INC.<br>2700 GLADES CIRCLE SUITE 111<br>WESTON, FL 33327 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BUILDING GROUP CORPORATION<br>2035 QUAIL ROOST DRIVE<br>WESTON, FL 33327 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |   |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  | Date _____ Daytime Phone # _____  |   |

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03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3651534 Applied For  Not Applicable

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

04-18-06 (786) 273 8782