

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAR 15 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3651534	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L05000100222

1. Entity Name
1020 LR LLC



Principal Place of Business 2700 GLADES CIRCLE SUITE 111 WESTON, FL 33327	Mailing Address 2700 GLADES CIRCLE SUITE 111 WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NATHAN, RANDY J ESQ
7805 SW 6TH COURT
PLANTATION, FL 33324

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEMA GROUP, INC. 2700 GLADES CIRCLE SUITE 111 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUILDING GROUP CORPORATION 2035 QUAIL ROOST DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Azimuth Construction 2700 GLADES CIRCLE WESTON FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Advance American Investment, LLC 101 E Commercial BLD. Fort Lauderdale FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/11/06 90019 034 \$155.00

DO NOT WRITE IN THIS SPACE

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: _____ **3/8/2007** (786) 273-8782
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #