


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90060 019 ***143.75

DOCUMENT # L05000100222

1. Entity Name
 1020 LR LLC



Principal Place of Business
 2700 GLADES CIRCLE
 SUITE 111
 WESTON, FL 33327

Mailing Address
 318 INDIAN TRACE #307
 WESTON, FL 33326

60030932



2. Principal Place of Business - No P.O. Box #
 2019 Harbor View Circle

3. Mailing Address

Suite-Apt.-#-etc.

04242008 Chg-LLC CR2E083 (12/06)

City & State
 Weston, FL

City & State

4. FEI Number
 20-3651534

Applied For
 Not Applicable

Zip
 33327

Country
 Broward.

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

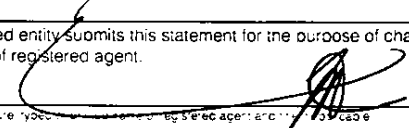
Name

Street Address (P.O. Box Number is Not Acceptable)

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  DATE 4-24-2008

Signature of registered agent or authorized representative (NOTE: Registered Agent's signature required after filing)

FILE NOW!!! - FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FEMA GROUP, INC.	
STREET ADDRESS	2700 GLADES CIRCLE SUITE 111	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUILDING GROUP CORPORATION	
STREET ADDRESS	2035 QUAIL ROOST DRIVE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AZIMUTH CONSTRUCTION	
STREET ADDRESS	2700 GLADES CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ADVANCE AMERICAN INVESTMENT LLC	
STREET ADDRESS	701 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: 04-24-08 DAY: (786) 2738782

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE