


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90465 022 \*\*\*\*50.00

**DOCUMENT # L00000009147**

1. Entity Name  
 2020 PROPERTIES, L.L.C.



40037679

Principal Place of Business  
 555 SW 12 AVE.  
 POMPANO BEACH, FL 33069

Mailing Address  
 P.O. BOX 668035  
 POMPANO BEACH, FL 33066



2. Principal Place of Business - No P.O. Box #  
 5149 NW 74<sup>th</sup> Ave

3. Mailing Address

Suite, Apt. #, etc.

03132007 Chg-LLC CR2E083 (12/06)

City & State  
 MIAMI FL

City & State

4. FEI Number  
 65-1031248

Applied For  
 Not Applicable

Zip  
 33166

Country  
 USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, JAMES M  
 351 NE 185TH STREET  
 MIAMI, FL 33179

Name  
 JAMES M ROBBINS

Street Address (P.O. Box Number is Not Acceptable)  
 555 SW 12<sup>th</sup> Ave

City  
 POMPANO BEACH FL Zip Code  
 33069

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  
 3-13-07

(NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 MGR  Delete

NAME  
 ROBBINS, JAMES M

STREET ADDRESS  
 351 NE 185TH STREET

CITY-ST-ZIP  
 MIAMI, FL 33179

TITLE  
 MGR  Change  Addition

NAME  
 ROBBINS, JAMES M

STREET ADDRESS  
 PO BOX 668035

CITY-ST-ZIP  
 POMPANO BEACH FL 33066

TITLE  
 MGR  Delete

NAME  
 DAGEN, GERALD

STREET ADDRESS  
 351 NE 185TH STREET

CITY-ST-ZIP  
 MIAMI, FL 33179

TITLE  
 MGR  Change  Addition

NAME  
 DAGEN GERALD

STREET ADDRESS  
 PO BOX 668035

CITY-ST-ZIP  
 POMPANO BEACH FL 33066

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

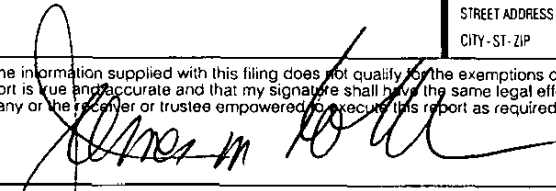
TITLE  
 Change  Addition

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  
 3-13-07 DAYTIME PHONE #  
 954-931-1845

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