## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 24, 2005 8:00 am Secretary of State

DOCUMENT # L03000040389  1. Entity Name 1020 PARTNERS, LLC							01-24-2005 90102 001 ****50.00					
Principal Place of Business 1020 W INTL SPDWY BLVD. DAYTONA BEACH, FL 32114			Mailing Address 2500 SOUTH NOVA ROAD DAYTONA BEACH, FL 32119			· =-	20003450					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01182005	Chg-LLC	CR2E	083 (10/03)		
City & State			City & State			4. FEI Num 14-18	ber 98202	·		plied For t Applicable		
Zip	Zip Country		Zìp Cou		ntry		5. Certifica	te of Status Desired		\$5.00 Add Fee Require		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
TORNATORE, ROSEANN 2500 SOUTH NOVA ROAD DAYTONA BEACH, FL 32119					Name Street Address (P.O. Box Number is Not Acceptable)							
					City				FL	Zip Code	<del></del>	
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of changing	its register	ed office o	r register	ed agent, or b	poth, in the State of F		-	and accept	
SIGNATURE .												
	Signature, typed of	or printed name of registered agent a	nd title if applicable. (N	OTE: Registere	d Agent signat	ure required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005					7 . 7 . 7 00., 00 . 110 	To July Garages	gd	1 '	ake check p da Departm	payable to nent_of_State	<b>.</b>	
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITION	S/CHANGES	3		
TITLE · ,	MGRM		Delete	TΠL	Ε .	MGR	M			☐ Change	X Addition	
NAME		N, GEORGE		NAM	_	GDA	Inves	stments I	itd			
STREET ADDRESS CITY-ST-ZIP		TLANTIC AVENUE BEACH, FL 32118			eet address '-st-zip			lantic Av B <del>each, F</del> I		8		
TITLE	MGRM		☐ Delete	, TITL	E	2 7		) c a o i , , , i i	, ,,,,,,	Change	☐ Addition	
NAME	COOK, DO			NAM								
STREET ADDRESS	P.O. BOX				EET ADDRESS							
CITY-ST-ZIP		BEACH SHORES, FL	············	CITY	'-ST-ZIP					_		
TITLE NAME	MGRM MILLER, S	ANFORD	☐ Delete	TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		I STREET, SUITE 210 BEACH, FL-32114	,		et address -st-zip	· • • • •			<del>*</del> -		*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 S. NO	PRE, ROSEANN DVA ROAD BEACH, FL 32119	☐ Delete				,			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STRE	E					☐ Change	Addition	
TITLE NAME		district and a second a second and a second	• Delete	TITL				PP-11-1-1		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP		 - · · ·		^			
11. I hereby of indicated limited lia	certify that the on this report bility compan	information supplied with is true and accurate and t y or the receiver or trustee	this filing does not qualify that my signature shall hav empowered to execute th	for the exe re the same is report as	mption state e legal effe s required l	ted in Sect as if m	ction 119.07(3 lade under oa er 608, Florida	B)(i), Florida Statutes th; that I am a man a Statutes.	s. I further cei aging memb	rtify that the in er or manage	formation r of the	

SIGNATURE

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

(386) 761-2835

Daytime Phone #