


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90035 043 ****50.00

DOCUMENT # L03000040389 1. Entity Name 1020 PARTNERS, LLC	
--	---

Principal Place of Business 1020 W INTL SPDWY BLVD. DAYTONA BEACH, FL 32114	Mailing Address 2500 SOUTH NOVA ROAD DAYTONA BEACH, FL 32119
---	--

DO NOT WRITE IN THIS SPACE

60001308



01032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1898202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TORNATORE, ROSEANN
2500 SOUTH NOVA ROAD
DAYTONA BEACH, FL 32119

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, DOUGLAS P.O. BOX 74071 DAYTONA BEACH SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANFORD 125 BASIN STREET, SUITE 210 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORNATORE, ROSEANN 2500 S. NOVA ROAD DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GDA INVESTMENTSLTD 315 N ATLANTIC AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #