

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**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



01052007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1898202

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME COOK, DOUGLAS  
STREET ADDRESS P.O. BOX 74071  
CITY-ST-ZIP DAYTONA BEACH SHORES, FL

TITLE MGRM  
NAME MILLER, SANFORD  
STREET ADDRESS 125 BASIN STREET, SUITE 210  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE MGRM  
NAME TORNATORE, ROSEANN  
STREET ADDRESS 2500 S. NOVA ROAD  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE MGRM  
NAME GDA INVESTMENTS LTD  
STREET ADDRESS 315 N ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000582458  
01/11/07-80032-015 50.00

**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:** \_\_\_\_\_

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

Date

Daytime Phone #