

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90055 015 ***138.75

DOCUMENT # L03000040389

1. Entity Name
1020 PARTNERS, LLC



Principal Place of Business
1020 W INTL SPDRY BLVD.
DAYTONA BEACH, FL 32114

Mailing Address
2500 SOUTH NOVA ROAD
DAYTONA BEACH, FL 32119

00002062



01092008 No Chg-LLC

CR2E083 (12/07)

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

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

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 INVESTMENTS LTD
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 #

(386) 761-2251