


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90280 001 \*\*\*\*50.00

<b>DOCUMENT # L04000088372</b>	
1. Entity Name 820 AGR, LLC	

Principal Place of Business 820 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140	Mailing Address 10830 SW 113 PLACE MIAMI, FL 33176
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 10840 SW 113 Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami, FL
Zip	Country
	Zip 33176
	Country

02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1977692

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SIMKINS, MICHAEL 1 SE 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SIMKINS, MICHAEL 1 SE 3RD AVENUE, 28TH FLOOR MIAMI, F 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Date: 2/14/07 Daytime Phone # \_\_\_\_\_

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