2006 LIMITED LIABILITY COMPANY

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING MANAGING

May 11, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000100222** 1. Entity Name 1020 LR LLC 05-11-2006 90019 034 ***155.00 Principal Place of Business Mailing Address 2700 GLADES CIRCLE 2700 GLADES CIRCLE 4000---SUITE 111 SUITE 111 WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242006 CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 20-3651534 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATHAN, RANDY J ESQ Street Address (P.O. Box Number is Not Acceptable) 7805 SW 6TH COURT PLANTATION, FL 33324 City Zip Code 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) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change TITLE Addition NAME FEMA GROUP, INC. NAME STREET ADDRESS 2700 GLADES CIRCLE SUITE 111 STREET ADDRESS CITY-ST-7(P WESTON, FL 33327 CITY-ST-78P TITLE ☐ Delete Addition TILE Change **BUILDING GROUP CORPORATION** NAME STREET ADDRESS 2035 QUAIL ROOST DRIVE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP Delete Addition IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TITLE** ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP 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.

AGER, OR AUTHORIZED REPRESENTATIVE

FILED

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