## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

MOOOR PRINTED NAME

## Apr 28, 2008 8:00 am Secretary of State DOCUMENT # L05000100222 04-28-2008 90060 019 \*\*\*143.75 1. Entity Name 1020 LR LLC Principal Place of Business Mailing Address 60030932 2700 GLADES CIRCLE 318 INDIAN TRACE #307 SUITE 111 WESTON, FL 33326 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2019 Haibor View circle -Suite-Apt-#.retc. 04242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Weston 20-3651534 Not Applicable Country Zip Country \$5.00 Additional 33327 5. Certificate of Status Desired Broward. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATHAN, RANDY J ESQ 7805 SW 6TH COURT Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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 Sgrature ty orrecisierec agent and (NOTE: Registered Agent signature required when reinstating) - - FILE-NOW!!!-FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to-Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE Change Addition NAME FEMA GROUP, INC. NAME STREET ADDRESS 2700 GLADES CIRCLE SUITE 111 STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE **MGRM** Delete TIT1 E ☐ Change ☐ Addition NAME **BUILDING GROUP CORPORATION** STREET ADDRESS 2035 QUAIL ROOST DRIVE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-7IP **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **AZIMUTH CONSTRUCTION** 2700 GLADES CIRCLE STREET ADDRESS STREET ADDRESS City-St-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ADVANCE AMERICAN INVESTMENT LLC NAME NAME STREET ADDRESS 701 E COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 flability company or the eceiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DU-24-08

FILED