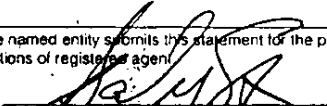


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/11/2007-90197-025-\$50.00-\$50.00

DOCUMENT # E06000018124 1. Entity Name STATE ROAD 20 ASSOCIATES LLC					
Principal Place of Business 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 US			Mailing Address 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEL Number 20-4340301				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04272007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SMITH, DANIEL G CPA 937 NORTH 12TH ST FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15 Palm Lane City Palm Beach FL Zip Code 33464		
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  DATE 4/30/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, ALFRED R JR 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIN, JOHN 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEIN, HOWARD 99 WOODBURY RD. HICKSVILLE, NY 11801	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, BRUCE 99 WOODBURY RD. HICKSVILLE, NY 11801	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 			DATE: 4/30/07 DAYTIME PHONE #: 386 255 0889		