


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000007050	
1. Entity Name OPA-LOCKA BMI, LLC	

Principal Place of Business C/O OPA-LOCKA COMMUNITY DEVELOPMENT 490 OPA-LOCKA BLVD., SUITE 20 OPA-LOCKA, FL 33054	Mailing Address C/O OPA-LOCKA COMMUNITY DEVELOPMENT 490 OPA-LOCKA BLVD., SUITE 20 OPA-LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0623560	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIAMS-BALDWIN, STEPHANIE
490 OPA-LOCKA BLVD STE 20
OPA LOCKA, FL 33054

**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 _____ DATE _____
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, WILLIE 490 OPA-LOCKA BLVD STE 20 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS-BALDWIN, STEPHANIE 490 OPA-LOCKA BLVD STE 20 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELTON, MILTON 18800 NW 2 AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABIR, NASHID 18350 NW 2 AVE 5 FLOOR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEMBERTON, DAVID 2520 NW 156 STREET PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000346361
04/30/05-80071-012 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Willie Logan 305) 687-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #