

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 01, 2006  
Secretary of State

DOCUMENT# L02000007050

Entity Name: OPA-LOCKA BMI, LLC

**Current Principal Place of Business:**

C/O OPA-LOCKA COMMUNITY DEVELOPMENT  
490 OPA-LOCKA BLVD., SUITE 20  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

C/O OPA-LOCKA COMMUNITY DEVELOPMENT  
490 OPA-LOCKA BLVD., SUITE 20  
OPA-LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 20-0623560      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: LOGAN, WILLIE  
Address: 490 OPA-LOCKA BLVD STE 20  
City-St-Zip: OPA LOCKA, FL 33054

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: WILLIAMS-BALDWIN, STEPHANIE  
Address: 490 OPA-LOCKA BLVD STE 20  
City-St-Zip: OPA LOCKA, FL 33054

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: FELTON, MILTON  
Address: 18800 NW 2 AVE  
City-St-Zip: MIAMI, FL 33169

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: SABIR, NASHID  
Address: 18350 NW 2 AVE 5 FLOOR  
City-St-Zip: MIAMI, FL 33169

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: PEMBERTON, DAVID  
Address: 2520 NW 156 STREET  
City-St-Zip: PARKLAND, FL 33067

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANIE WILLIAMS-BALDWIN

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date