

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007050

FILED
Jul 20, 2007
Secretary of State

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 (X)
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 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: WILLIE LOGAN

MGRM

07/20/2007

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