

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007050

FILED
Mar 26, 2009
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)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

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

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

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

ADDITIONS/CHANGES:

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

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

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

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

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

03/26/2009

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