

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90575 035 ****55.00

0053677

DOCUMENT # L02000007050 *NO 3-17-03*

1. Entity Name
OPA-LOCKA ~~COMMUNITY~~ LLC
BMI



Principal Place of Business Mailing Address

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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLE, JOHN M ESQ.
C/O LEGAL SERVICES OF GREATER MIAMI, INC.
3000 BISCAYNE BLVD., SUITE 300
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name: STEPHANIE WILLIAMS-BALDWIN

Street Address (P.O. Box Number is Not Acceptable): 490 OPA-LOCKA BLVD, STE 20

City: OPA-LOCKA FL Zip Code: 33054

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: *Stephanie Williams-Baldwin* STEPHANIE WILLIAMS-BALDWIN 4/18/03 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIE LOGAN	
STREET ADDRESS	490 OPA-LOCKA BLVD, STE 20	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHANIE WILLIAMS-BALDWIN	
STREET ADDRESS	490 OPA-LOCKA BLVD, STE 20	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON FELTON	
STREET ADDRESS	18800 NW 2 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NASHID SABIR	
STREET ADDRESS	18350 NW 2 AVE, 5 FLOOR	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID PEMBERTON	
STREET ADDRESS	2520 NW 156 STREET	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL MARTIN	
STREET ADDRESS	6418 NW 82 AVENUE	
CITY-ST-ZIP	PARKLAND, FL 33067	

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: *Stephanie Williams-Baldwin* SIGNATURE REQUIRED STEPHANIE WILLIAMS-BALDWIN 4/18/03 3055687-3545

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

CR2E083 (10/02)