

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90026 043 \*\*\*\*55.00

**DOCUMENT # L02000009133**

1. Entity Name  
OPA-LOCKA WLEC/HURT BUILDING, LLC



Principal Place of Business Mailing Address  
C/O OPA-LOCKA COMMUNITY DEVELOPMENT CORP C/O OPA-LOCKA COMMUNITY DEVELOPMENT CORP  
490 OPA-LOCKA BLVD., STE. 20 490 OPA-LOCKA BLVD., STE. 20  
OPA-LOCKA, FL 33054 OPA-LOCKA, FL 33054

24065108



2. Principal Place of Business

3. Mailing Address

04162004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0623737

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME LOGAN, WILLIE  
STREET ADDRESS 490 OPA-LOCKA BLVD., STE 20  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME WILLIAMS-BALDWIN, STEPHANIE  
STREET ADDRESS 490 OPA-LOCKA BLVD., STE 20  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME FELTON, MILTON  
STREET ADDRESS 18800 NW 2 AVE  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME SABIR, NASHID  
STREET ADDRESS 183350 NW 2 AVE., 5TH FL  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME PEMBERTON, DAVID  
STREET ADDRESS 2520 NW 156 STREET  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME MARTIN, MICHAEL  
STREET ADDRESS 6418 NW 82 AVE  
CITY-ST-ZIP PARKLAND, FL 33067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Willie Logan

4/28/04

(305) 687-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #