

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-04-2004 90026 040 ****55.00

DOCUMENT # L02000009146



1. Entity Name
 STADIUM CORNERS, LLC

Principal Place of Business
 490 OPA-LOCKA BLVD., STE. 20
 OPA-LOCKA, FL 33054

Mailing Address
 C/O OPA-LOCKA CDC
 490 OPA-LOCKA BLVD., STE. 20
 OPA-LOCKA, FL 33054

24065111



04282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FFI Number
 20-0623619 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LITTLE, JOHN ESQ.
 3000 BISCAYNE BLVD.
 SUITE 500
 MIAMI, FL 33137

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 _____ (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 | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LOGAN, WILLIE | | | NAME | | | |
| STREET ADDRESS | 490 OPA-LOCKA BLVD., STE 20 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | OPA LOCKA, FL 33054 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILLIAMS-BALDWIN, STEPHANIE | | | NAME | | | |
| STREET ADDRESS | 490 OPA-LOCKA BLVD., STE 20 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | OPA LOCKA, FL 33054 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FELTON, MILTON | | | NAME | | | |
| STREET ADDRESS | 18800 NW 2 AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SABIR, NASHID | | | NAME | | | |
| STREET ADDRESS | 128350 NW 2 AVE., 5 FLOOR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PEMBERTON, DAVID | | | NAME | | | |
| STREET ADDRESS | 2520 NW 156 STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | OPA LOCKA, FL 33054 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARTIN, MICHAEL | | | NAME | | | |
| STREET ADDRESS | 6418 NW 82 AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PARKLAND, FL 33067 | | | 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 4/28/04 (305) 687-3545
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #