

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

4. FFI Number <b>20-0623619</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LITTLE, JOHN ESQ. 3000 BISCAYNE BLVD. SUITE 500 MIAMI, FL 33137		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 Date: 4/28/04 Daytime Phone #: (305) 687-3545