

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03082005No Chg-LLC CR2E083 (10/03)

4. FEI 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

DO NOT WRITE IN THIS SPACE

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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, WILLIE 490 OPA-LOCKA BLVD., STE 20 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELTON, MILTON 18800 NW 2 AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABIR, NASHID 128350 NW 2 AVE., 5 FLOOR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEMBRTON, DAVID 2520 NW 156 STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, MICHAEL 6418 NW 82 AVE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000346371
 04/30/05-80071-014 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 305) 687-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #