

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L02000009146</b>	
1. Entity Name <b>STADIUM CORNERS, LLC</b>	
Principal Place of Business <b>490 OPA-LOCKA BLVD., STE. 20 OPA-LOCKA, FL 33054</b>	Mailing Address <b>C/O OPA-LOCKA CDC 490 OPA-LOCKA BLVD., STE. 20 OPA-LOCKA, FL 33054</b>



03082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0623619</b>	Applied For <input type="checkbox"/> 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  <b>LITTLE, JOHN ESQ. 3000 BISCAYNE BLVD. SUITE 500 MIAMI, FL 33137</b>
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**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	

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04/30/05-80071-014 55.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #