

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009146

FILED  
Feb 08, 2008  
Secretary of State

Entity Name: STADIUM CORNERS, LLC

**Current Principal Place of Business:**

490 OPA-LOCKA BLVD., STE. 20  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-0623619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LITTLE, JOHN ESQ.  
3000 BISCAYNE BLVD.  
SUITE 500  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOGAN, WILLIE  
Address: 490 OPA-LOCKA BLVD., STE 20  
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR ( ) Delete  
Name: FELTON, MILTON  
Address: 18800 NW 2 AVE  
City-St-Zip: MIAMI, FL 33169

Title: MGR ( ) Delete  
Name: SABIR, NASHID  
Address: 128350 NW 2 AVE., 5 FLOOR  
City-St-Zip: MIAMI, FL 33169

Title: MGR ( ) Delete  
Name: PEMBRTON, DAVID  
Address: 1200 S.W. 124TH TER  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Delete  
Name: MARTIN, MICHAEL  
Address: 6418 NW 82 AVE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

02/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date