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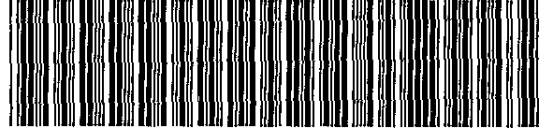
(Business Entity Name)

(Document Number)

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COUNTY CLERK OF STATE  
TALLAHASSEE, FLORIDA

October 29, 2003

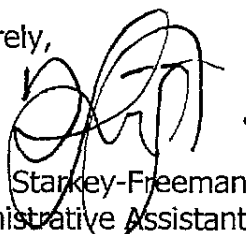
State of Florida  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Stadium Corners LLC  
#L02000009146**

Attached is a statement of change of registered agent (document# L02000009146). A check in the amount of \$30.00 is provided for the \$25 filing fee and \$5 for a certificate of status.

If we may further assist you, please call office at (305) 687-3545, ext.228.

Sincerely,

  
Tanya Starkey-Freeman  
Administrative Assistant II

enclosures



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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

original TF  
cc: mm/um/nd  
DEPARTMENT OF  
TALLAHASSEE, F

October 8, 2003

MANUEL MARTINEZ  
OLCDC  
490 OPA-LOCKA BLVD., SUITE 20  
OPA-LOCKA, FL 33054

SUBJECT: STADIUM CORNERS, LLC  
Ref. Number: L02000009146

We have received your document for STADIUM CORNERS, LLC. However, the document has not been filed and is being returned for the following:

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 303A00055035

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Stadium Corners, LLC
2. The mailing address of the limited liability company is : c/o Opa-Locka CDC,  
490 Opa-Locka Blvd., Suite 20, Opa-Locka, FL 33054

3. Date of filing/registration in Florida 4/15/02 4. Document number L 02000009146

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Stephanie Williams-Baldwin

Name

490 Opa-Locka Blvd., Suite 20

Address

Opa-Locka, FL 33054

City, State and Zip

6. The name and address of the new registered agent and/or office:

John Little, Esq.

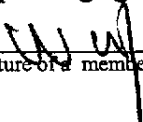
Name

c/o Legal Services of Greater Miami, 3000 Biscayne Bl  
Florida street address (P.O. Box NOT acceptable) Suite 500

Miami FL 33137

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Willie Logan

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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