

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010794

FILED  
Feb 25, 2010  
Secretary of State

Entity Name: OPA-LOCKA DEVELOPMENT, LLC

**Current Principal Place of Business:**

SUITE 20  
490 OPA LOCKA BLVD  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

SUITE 20  
490 OPA LOCKA BLVD  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 20-0623662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LITTLE, JOHN M ESQ  
LEGAL SERVICES OF GREATER MIAMI, INC.  
3000 BISCAYNE BLVD., SUITE 300  
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  
Name: LOGAN, WILLIE  
Address: 490 OPA-LOCKA BLVD STE 20  
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR  
Name: WILLIAMS-BALDWIN, STEPHANIE  
Address: 490 OPA-LOCKA BLVD STE 20  
City-St-Zip: OPA LOCKA, FL 33054

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

Title: MGR  
Name: SABIR, NASHID  
Address: 18350 NW 2 AVE 5 FLOOR  
City-St-Zip: MIAMI, FL 33169

Title: MGR  
Name: PEMBERTON, DAVID  
Address: 2520 NW 156 STREET  
City-St-Zip: OPA LOCKA, FL 33054

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

I hereby 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

02/25/2010

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