

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000013807

1. Entity Name
MIAMI-DADE INVESTMENT FUND, LLC



Principal Place of Business
C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA, FL 33054

Mailing Address
C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA, FL 33054



03082005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3061832

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGAN, WILLE
490 OPA-LOCKA BLVD., SUITE 20
MIAMI, FL 33054

**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	MGR
NAME	LOGAN, WILLIE
STREET ADDRESS	490 OPA-LOCKA BLVD, STE 20
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	M
NAME	WILLIAMS-BALDWIN, STEPHANIE
STREET ADDRESS	490 OPA-LOCKA BLVD., SUITE 20
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	M
NAME	FELTON, MILTON
STREET ADDRESS	18800 NW 2 AVENUE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	M
NAME	SABIR, NASHID
STREET ADDRESS	18350 NW 2 AVENUE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	M
NAME	PEMBERTON, DAVE
STREET ADDRESS	2520 NW 156 STREET
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	M
NAME	MARTIN, MICHAEL
STREET ADDRESS	6418 NW 82 AVENUE
CITY-ST-ZIP	PARKLAND, FL 33067

U00000346367
04/30/05-80071-013 55.00

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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)(i), 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 #