

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013807

FILED  
May 01, 2006  
Secretary of State

Entity Name: MIAMI-DADE INVESTMENT FUND, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 75-3061832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LOGAN, WILLE  
490 OPA-LOCKA BLVD., SUITE 20  
MIAMI, FL 33054      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: MGR ( ) Delete  
Name: LOGAN, WILLIE  
Address: 490 OPA-LOCKA BLVD, STE 20  
City-St-Zip: OPA LOCKA, FL 33054

Title: M ( ) Delete  
Name: WILLIAMS-BALDWIN, STEPHANIE  
Address: 490 OPA-LOCKA BLVD., SUITE 20  
City-St-Zip: OPA LOCKA, FL 33054

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

Title: M ( ) Delete  
Name: SABIR, NASHID  
Address: 18350 NW 2 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: M ( ) Delete  
Name: PEMBERTON, DAVE  
Address: 2520 NW 156 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: M ( ) Delete  
Name: MARTIN, MICHAEL  
Address: 6418 NW 82 AVENUE  
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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE WILLIAMS-BALDWIN

M

05/01/2006

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