

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013807

FILED
Aug 28, 2007
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 (X)
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:

Name and Address of New Registered Agent:

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

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: M (X) Change () Addition
Name: PEMBERTON, DAVE
Address: 1200 S.W. 124TH TER
City-St-Zip: PEMBROKE PINES, FL 33027

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

MGR

08/28/2007

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