

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004311

FILED
May 01, 2006
Secretary of State

Entity Name: OLCDC WESTVIEW TERRACE, 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: 20-0875566 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:

Name and Address of New Registered Agent:

LITTLE, JOHN M ESQ.
C/O LEGAL SERVICES OF GREATER MIAMI, INC.
3000 BISCAYNE BLVD., SUITE 300
MIAMI, FL 33137 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:	MGRM	() Delete
Name:	LOGAN, WILLIE	
Address:	490 OPA LOCKA BLVD., SUITE 20	
City-St-Zip:	OPA LOCKA, FL 33054	
Title:	MGR	(X) Delete
Name:	WILLIAMS-BALDWIN, STEPHANIE	
Address:	490 OPA LOCKA BLVD., SUITE 20	
City-St-Zip:	OPA LOCKA, FL 33054	
Title:	MGR	(X) Delete
Name:	FELTON, MILTON	
Address:	5190 NW 167TH STREET, SUITE 103	
City-St-Zip:	MIAMI, FL	
Title:	MGR	(X) Delete
Name:	SABIR, NASHID	
Address:	18350 NW 2ND AVE, 5TH FLOOR	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGR	(X) Delete
Name:	PEMBERTON, DAVE	
Address:	2371 NW 119TH ST, #104	
City-St-Zip:	MIAMI, FL 33167	
Title:	MGR	(X) Delete
Name:	MARTIN, MICHAEL	
Address:	6418 NW 82ND AVE	
City-St-Zip:	PARKLAND, FL 33067	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change	() Addition
Name:	WILLIAMS-BALDWIN, STEPHANIE		
Address:	490 OPA LOCKA BLVD., SUITE 20		
City-St-Zip:	OPA LOCKA, FL 33054		
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

MGRM

05/01/2006

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