2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 23, 2011
Secretary of State

DOCUMENT# L10000047149

Entity Name: MAGNOLIA NORTH APARTMENTS, LLC

Current Principal Place of Business:

490 OPA LOCKA BLVD.
20
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

490 OPA LOCKA BLVD.
20
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 27-2469105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS-BALDWIN, STEPHANIE ESQ
3000 BISCAYNE BLVD.
500
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

WILLIAMS-BALDWIN, STEPHANIE ESQ
490 OPA-LOCKA BOULEVARD
20
OPA-LOCKA, 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: STEPHANIE WILLIAMS-BALDWIN 08/23/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: OPA LOCKA COMMUNITY DEVELOPMENT CORPORATIO
Address: 490 OPA LOCKA BVD. SUITE 20
City-St-Zip: OPA LOCKA, FL 33054 US

Title: OM
Name: BUSTILLOS-WONG, GISELLA
Address: 490 OPA LOCKA BVD. SUITE 20
City-St-Zip: OPA LOCKA, FL 33054 US

Title: AA
Name: BLACK, DORIS G
Address: 490 OPA LOCKA BVD. SUITE 20
City-St-Zip: OPA LOCKA, FL 33054 US

Title: PD
Name: LOGAN, WILLIE F JR
Address: 490 OPA-LOCKA BOULEVARD
City-St-Zip: OPA-LOCKA, FL 33054

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 Statues.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN MGR 08/23/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date