

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000047149

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**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 (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS-BALDWIN, STEPHANIE ESQ  
490 OPA-LOCKA BOULEVARD  
20  
OPA-LOCKA, 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:** MGRM  
**Name:** OPA LOCKA COMMUNITY DEVELOPMENT CORPORATIO  
**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 Statutes.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN

MGR

10/03/2011

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