

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125530

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** MAGNOLIA NORTH 2145 APARTMENTS, LLC

**Current Principal Place of Business:**

490 OPA-LOCKA BOULEVARD  
SUITE 20  
OPA-LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

490 OPA-LOCKA BOULEVARD  
SUITE 20  
OPA-LOCKA, FL 33054 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

LITTLE, JOHN  
3000 BISCAYNE BLVD  
SUITE 500  
MIAMI, FL 33137 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 CORP.  
Address: 490 OPA-LOCKA, SUITE 20  
City-St-Zip: OPA-LOCKA, FL 33054

Title: MGRM  
Name: BUSTILLOS-WONG, GISELLA  
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                      VP                      04/21/2011

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