

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90070 036 \*\*\*\*50.00

**DOCUMENT # L00000012816**

1. Entity Name  
 OPH/DORAL REALTY, L.C.



Principal Place of Business      Mailing Address

500 EAST BROWARD BOULEVARD, SUITE 1950      500 EAST BROWARD BOULEVARD, SUITE 1950  
 FT. LAUDERDALE, FL 33394      FT. LAUDERDALE, FL 33394

**24016316**



01282004No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1121392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL  
 500 EAST BROWARD BOULEVARD, SUITE 1950  
 FT. LAUDERDALE, FL 33394

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAMELHAIR, STEVEN R 2240 SW 70 Ave 400 NORTHWEST 74TH AVENUE Suite D PLANTATION, FL 33317- Davie, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Steven Kamelhair*      Steven Kamelhair      1/29/04      954 797-4924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #