2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000012817

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

Principal Place of Business	Mailing Address
500 EAST BOWARD BOULEVARD, SUITE 1950 FT. LAUDERDALE, FL 33394	500 EAST BOWARD BOULEVARD, SUITE 1950 FT. LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

03072005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1076567		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL P
500 EAST BOWARD 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 _____

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

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KAMELHAIR, STEVEN R
STREET ADDRESS	2240 SW 70 AVE SUITE D
CITY-ST-ZIP	DAVIE, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/15/05-80067-009 50.00

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: _____   3/8/05   (954) 797 4924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #