2006 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # L00000012817

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

Principal Place of Business

City-ST-ZIP

SIGNATURE:

Mailing Address

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

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

FILED Mar 15, 2006 08:00 AM Secretary of State



02172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1076567

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytima Phone #

6. Name and Address of Current Registered Agent

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

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		}		
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered affice ar registered agent, o	or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title it applicable	(NOTE, Registered Agent signature required when reinstalling	O) – DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2006	_		
9.	MANAGING MEMBERS/MANAGERS			
Title Name Street address City-St-Zip	MGR KAMELHAIR, STEVEN R 2240 SW 70 AVE SUITE D DAVIE, FL 33317		UNIOUU457383	
THTLE NAME STREET ADDRESS CITY-ST-ZIP			03/23 /0 6/2 0049 -005 50.00	
title Hame Street adorlss City-St-Zip		D	O NOT WRITE	
Title Name Street address City-S1-Zip		11/	IN THIS SPACE	
Title Name Street address Chy-st-zip				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chepter 119, 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.