


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000012817  
 1. Entity Name  
 OPH/WESTON REALTY, L.C.



Principal Place of Business 500 EAST BOWARD BOULEVARD, SUITE 1950 FT. LAUDERDALE, FL 33394	Mailing Address 500 EAST BOWARD BOULEVARD, SUITE 1950 FT. LAUDERDALE, FL 33394
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 65-1076567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMELHAIR, STEVEN R 2240 SW 70 AVE SUITE D DAVIE, FL 33317
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 03/09/07-80003-021 50.00

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

SIGNATURE: Steven R Kamelhair      1/25/07      954 797 4924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #