## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L00000012818

1. Entity Name

Principal Place of Business

SIGNATURE:

SIGNATURE

NO TYPED OR PRINTED

OPH/PLANTATION REALTY, L.C.



Mailing Address

500 EAST BROWARD BOULEVARD, SUITE 1950 FT. LAUDERDALE, FL 33394 500 EAST BROWARD 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 65-1121391 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

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 Signature, typed or printed marrie of registered agent and title if applicable [NOTE Registe			Apent signature required when rehatating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	KAMELHAIR, STEVEN R			
STREET ADDRESS	2240 SW 70 AVE SUITE D	1		
CITY-ST-ZIP	DAVIE, FL 33317			
TIFLE		Į.	i	,
NAME		i		1100000467381
STREET ADDRESS		1		03/23/06-800 <b>49-003-50.00</b>
CITY-ST-ZIP				0.01 [21 0.0 0.00 10 0.00 0.01 22 ]
TITLE				
NAME		•		
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City-ST-ZIP				
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CITY-ST-ZIP		•		

11. I hereby certify that the information supplied with this filling does not quality 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 cath; that I am a managing member or manager of the limited liability company or the receiver or true empowered to execute this report as required by Chapter 608, Florida Statutes.

AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Kamelhair