


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90072 016 \*\*\*\*50.00

<b>DOCUMENT # L04000067395</b>	
1. Entity Name <b>OPHIR PROPERTIES, LLC</b>	

Principal Place of Business <b>7550 COLLINS ROAD JACKSONVILLE, FL 32244</b>	Mailing Address <b>7550 COLLINS ROAD JACKSONVILLE, FL 32244</b>
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2. Principal Place of Business <b>1063 Haines St</b> Suite, Apt. #, etc.	3. Mailing Address <b>1063 Haines St.</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32206</b>	Zip <b>32206</b>
Country <b>USA</b>	Country <b>USA</b>



03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1618365</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>INTREPID REGISTERED AGENT SERVICE, LLC 225 WATER STREET STE. 2020 JACKSONVILLE, FL 32202</b>
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7. Name and Address of New Registered Agent Name <b>Deborah Westerfeld</b> Street Address (P.O. Box Number is Not Acceptable) <b>1063 Haines St.</b> City <b>Jacksonville</b> FL Zip Code <b>32206</b>
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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: <b>Deborah Westerfeld</b> <b>03/02/05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member Deborah Westerfeld 1063 Haines St. Jacksonville, FL 32206</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Deborah Westerfeld</b> <b>03/02/05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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