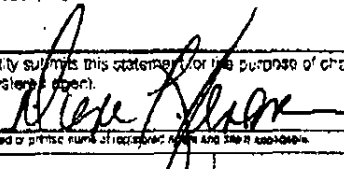
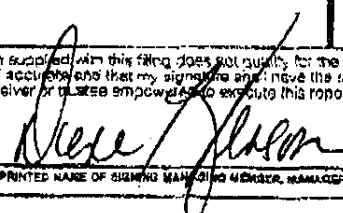


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

09 JUL -6 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000011392			
1. Entity Name OPH I, LLC			
Principal Place of Business 3610 ROYALE TERRACE WELLINGTON, FL 33449		Mailing Address 3610 ROYALE TERRACE WELLINGTON, FL 33449	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
		☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STANTON, ROGER C 712 US HIGHWAY 1 SUITE 400 NORTH PALM BEACH, FL 33408		Name Diane HENSON Street Address (P.O. Box Number is Not Acceptable) 3610 Royale Terrace City Wellington FL Zip Code 33449	
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 		DATE July 7, 09	
Signature, typed or printed name of registered agent and their address.		(NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$138.75 Due by September 11, 2009		In accordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENSON, DIANE P 123 LINKS CT PORT WASHINGTON, NY 11050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Diane P. HENSON 3610 Royale Terrace Wellington FL 33449
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	700157228567 07/06/09--01032--014 ***160.00
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 179, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature and name 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 605, Florida Statutes.			
SIGNATURE: 		DATE July 7, 2009	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	