2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L95000000518

1. Entity Name

OPH KENDALL REALTY, L.C.



Principal Place of Business

500 E. BROWARD BLVD.

SUITE 1950 FORT LAUDERDALE, FL 33394 Mailing Address

500 E. BROWARD BLVD.

SUITE 1950

FORT LAUDERDALE, FL 33394



П

DO NOT WRITE IN THIS SPACE

01232007 No Chg-LLC

CR2E083 (11/05)

FILED

Feb 28, 2007 08:00 AM

Secretary of State

4. FEI Number 65-0598034 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HAMAWAY, MICHAEL P 500 EAST BROWARD BLVD. SUITE 1950 FORT 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.	
e i	CNATURE	

(NOTE: Registered Agent signature required when reinstating)

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

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMELHAIR, STEVEN R 2240 SW 70 AVE SUITE D DAVIE, FL 33317	
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		

DATE

DO NOT WRITE IN THIS SPACE

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: LOS R Kolley Steven R Kamelhair 1/25/07 95/1974924

SIGNATURE ON TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daile Daylor Phone #