


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -6 AM 10:43 <i>Wk 4/8</i>	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee			
Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L9600000063			
OPH CORPORATE REALTY, L.C. 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERADLE FL 33394		1a. Principal Place of Business Address 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERADLE FL 33394			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/16/1996	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 65-0638386	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/27/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
ADLER, MITCHELL D 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERADLE FL 33394		Name ROBERTS, DOUGLAS L. Street Address (P.O. Box Number is Not Acceptable) c/o MOMBACH, BOYLE & HARDIN, P.A. Suite, Apt. #, etc. 500 East Broward Boulevard, Suite 1950 City Fort Lauderdale FL Zip Code 33394			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>Douglas L. Roberts</i>		DATE <i>3/30/98</i>			
(Registered Agent Accepting Appointment)		(NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	KAMELHAIR, STEVEN R	400 NORTHWEST 74TH AVENUE		PLANTATION FL	
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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Steven R. Kamelhair* STEVEN R. KAMELHAIR 4/3/98 (954) 797-4924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #