

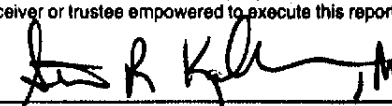


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 MAR 27 PM 2: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>			
1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # 19600000903</b>  OPH/DELRAY REALTY, L.C. 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE FL 33394		1a. Principal Place of Business Address  500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE FL 33394			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2 Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 08/23/1996	
				3a. State of Formation FL	
				4. FEI Number 65-0687411	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  ADLER, MITCHELL D 500 E. BROWARD BLVD. SUITE 1950 FT. LAUDERDALE FL 33394			8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code		
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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title      Managing Members/Managers      Business Street Address      City, State and Zip Code					
D MGR  KAMELHAIR, STEVEN R <del>7260 S.W. 7TH STREET</del> 400 NORTHWEST 74th AVENUE      PLANTATION FL  300002127183--5 -03/28/97--01088--003 ****203.75 ****203.75  					
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:  Manager Steven R. Kamelhair      MAR 20 1997      454 797-4924					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #					