

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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR -6 AM 10:59

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<b>FILING FEE \$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000000903
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

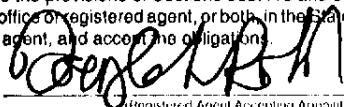
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Organized or Qualified	3a. State of Formation
08/23/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0687411	
5. Date of Last Report	6. Certificate of Status Desired
03/27/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

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/Office
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 Zip Code Fort Lauderdale FL 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.

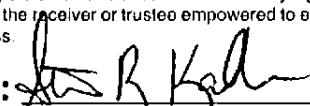
SIGNATURE  DATE 3/30/98

(Registered Agent Accepting Appointment) (NOT 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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-04/10/98--01119--003  
\*\*\*188.75 \*\*\*188.75

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:  STEVEN R. KAMELHAIR 4/3/98 (954) 797-4924

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