
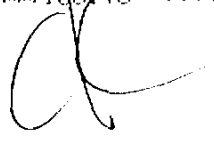


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAR 23 09 58 00 TALLAHASSEE, FLORIDA	
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 # 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 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 04/06/1998	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ROBERTS, DOUGLAS L % MOMBACH, BOYLE & HARDIN, P.A. 500 E. BROWARD BLVD, SUITE 1950 FT. LAUDERDALE FL 33394			8. Name and Address of New Registered Agent/Office 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 _____	
(If Registered Agent Accepting Appointment) (If Not Registered Agent Signature required when re-appointing)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	KAMELHAIR, STEVEN R	400 NORTHWEST 74TH AVENUE	PLANTATION FL		
7100002858857-5 -04/30/99--01004--024 ****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 4/20/99 954 797-4924			