


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000000903
 1. Entity Name
 OPH/DELRAY REALTY, L.C.



Principal Place of Business 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394	Mailing Address 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394
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03072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0687411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HAMAWAY, MICHAEL P
 500 EAST BROWARD BLVD, SUITE 1950
 FT. LAUDERDALE, FL 33394

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMELHAIR, STEVEN R 2240 SW 70 AVE SUITE D DAVIE, FL 33317
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04/15/05-80067-010 50.00

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11. I 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 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: *Steven R. Kamelhair* 3/8/05 (954) 797 4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #