


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**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
---	---

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LLC CR2E083 (12/07)

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

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000873357  
 04/10/08-80073-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMELHAIR, STEVEN R 2240 SW 70 AVE SUITE D DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Kamelhair 3/11/08 954 797 4924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #