2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002102

 Entity Name OPH/BOYNTON REALTY, L.C.



Principal Place of Business Mailing Addre

500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394

Mailing Address
500 EAST BROWARD BLVD., SUITE 1950
FORT LAUDERDALE, FL 33394

FILED Feb 28, 2007 08:00 Al Secretary of State



01232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
65-0866925		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL P 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394

the obligations of registered agent.

SIGNATURE.

SIGNATURE:

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATÉ
FI	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMELHAIR, STEVEN R 2240 SW 70 AVE SUTE D DAVIE, FL 33317		03/09/07-80003-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i e	U3/U3/U/~800U3~U23 3U.UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS	•	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	, ,,	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
11. I hereby indicated limited lis	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sability company or the receiver or truster ampowered to expend the contract of the	qualify for the exemptions contained in Chapter that shall have the same legal effect as if made under ecute this report as required by Chapter 608, Flor	119, Florida Statutes, I further certify that the information oath; that I am a managing member or manager of the ida Statutes.

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