

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Sporthagen
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 11 PM 3: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000123

COMMONS HALIFAX II, L.C.
1325 W COLONIAL
STE 200
ORLANDO FL 32804

1a. Principal Place of Business Address

1325 W COLONIAL
STE 200
ORLANDO FL 32804

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/14/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	59-3175004	5. Date of Last Report
				04/08/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

KANAN, BRADFORD S.
1325 W COLONIAL
STE 200
ORLANDO FL 32804

8. Name and Address of New Registered Agent


Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KANAN, BRADFORD S	1325 W COLONIAL	ORLANDO FL
MEM	KANAN, RHONDA J	1325 W COLONIAL	ORLANDO FL
MEM	COMMONS MEDICAL DRIVE,	1325 W COLONIAL	ORLANDO FL

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****203.75 ****203.75



11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: Joseph Williams JOSEPH WILLIAMS 2/3/97 (407) 425-8454
Date Daytime Phone #