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
99 MAR 10 AM 10:53
SECRETARY OF STATE
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 #** L94000000055

COMMONS HALIFAX III, L.C.
1325 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

1a. Principal Place of Business Address
1325 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc	02/02/1994	FL
City & State	City & State	4. FEI Number 59-3225330	☐ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	5. Date of Last Report 03/02/1998	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
BRADFORD, KANAN S 1325 W. COLONIAL STE. 200 ORLANDO FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) 000002810970---0 Suite, Apt. #, etc. -03/18/99--01083--005 ****188.75 ****188.75 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 _____
(Registered Agent Accepting Appointment) (NEW Registered Agent Signature Required If Amendment Box)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	COMMONS MEDICAL DEVELO	1325 W. COLONIAL ., STE. 2	ORLANDO FL
MEM	BRADFORD, KANAS S	1325 W. COLONIAL., STE. 20	ORLANDO FL
MEM	RHONA, KANAS J	1325 W. COLONIAL., STE. 20	ORLANDO FL

3-17-99

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNEE (MANAGER, MEMBER OR MANAGER) DATE DAYTIME PHONE #

INHSE10 R (12-98)