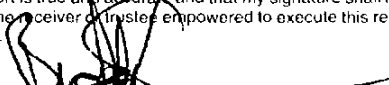


LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 10 AM 10:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000055		1a. Principal Place of Business Address	
COMMONS HALIFAX III, L.C. 1325 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804				1325 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/02/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3225330	
Country		Country		5. Date of Last Report	
				03/02/1998	
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--01089--005 ****188.75 ****188.75 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) (Officer/Registered Agent Signature Required. Enter, none if none)					
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	
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: 					

INHSE10 R (12-98)