

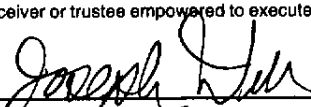


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 11 PM 1:59 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 COMMONS HALIFAX I, L.C. 1325 W COLONIAL STE 200 ORLANDO FL 32804				DOCUMENT # L93000000036 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.		01/29/1993		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		59-3162091			
Country		Country		5. Date of Last Report		6. Certificate of Status Desired	
				04/08/1996		<input checked="" type="checkbox"/> Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent			
KANAN, BRADFORD S 1325 W COLONIAL STE 200 ORLANDO FL 32804				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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>							
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code		
MGRM	COMMONS MEDICAL DEVE,		1325 W COLONIAL		ORLANDO FL		
MEM	KANAN, BRADFORD S.		1325 W COLONIAL		ORLANDO FL		
MEM	KANAN, RHONDA J.		1325 W COLONIAL		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:				JOSEPH WILLIAMS		2/3/97 (407) 425-8451	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	