
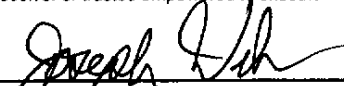


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> <b>\$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>COMMONS HALIFAX III, L.C.</b> <b>1325 W. COLONIAL DRIVE</b> <b>SUITE 200</b> <b>ORLANDO FL 32804</b>		<b>DOCUMENT # L94000000055</b>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address <b>1325 W. COLONIAL DRIVE</b> <b>SUITE 200</b> <b>ORLANDO FL 32804</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>02/02/1994</b> 4. FEI Number <b>59-3225330</b> 5. Date of Last Report <b>07/11/1996</b>	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> See 7. Additional Fee Required	
7. Name and Address of Current Registered Agent <b>BRADFORD, KANAN S</b> <b>1325 W. COLONIAL</b> <b>STE. 200</b> <b>ORLANDO FL 32804</b>		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>	
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 reinstalling)			
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
800002085568--2 -02/12/97--01093--020 *****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)(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:  <b>JOSEPH WILLIAMS</b> 2/3/97 (407) 425-8454 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			

**FILED**

**97 FEB 12 AM 9:41**

**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**