2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000055

1. Entity Name
COMMONS MARKETPLACE I, L.C.

Principal Place of Business	Mailing Address
1325 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804	1325 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804-7133

2. Principal Place of Business	3. Mailing Address
2600 Technology Drive	2600 Technology Drive
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32804 / Country:	Zip: 32804 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3225330 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRADFORD, KANAN S 1325 W. COLONIAL STE. 200 ORLANDO FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMONS MEDICAL DEVELOPMENT, INC. 1325 W. COLONIAL ., STE. 200 ORLANDO FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BRADFORD, KANAS S 1325 W. COLONIAL., STE. 200 ORLANDO FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003273544--7 -06/01/00--01056--014 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM RHONA, KANAS J 1325 W. COLONIAL., STE. 200 ORLANDO FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)