


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000256	
1. Entity Name COMMONS REHAB I, L.C.	

Principal Place of Business 2600 TECHNOLOGY DRIVE, STE. 200 ORLANDO, FL 32804	Mailing Address 2600 TECHNOLOGY DRIVE, STE. 200 ORLANDO, FL 32804
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03252004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3308024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KANAN, BRADFORD S 2600 TECHNOLOGY DRIVE SUITE 200 ORLANDO, FL 32804

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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. I am familiar with, and accept the obligations of registered agent.

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


**Filing Fee is \$50.00
Due by May 1, 2004**

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~~04/26/04 09031 005 50.00~~

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMMONS MEDICAL DEVELOPMENT, INC. 2600 TECHNOLOGY DRIVE, STE. 200 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM KANAN, BRADFORD S 2600 TECHNOLOGY DRIVE, STE. 200 ORLANDO, FL 32804
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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:  Bradford S. Kanan March 29, 04 407-425-8454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #