

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

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
97 MAR 12 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--------------------------------|---|
| 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
DOCUMENT # L96000001147

COMMONS DADE I, L.C.
1325 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

1a. Principal Place of Business Address

1325 W. COLONIAL DRIVE
SUITE 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 | |
| Suite, Apt. #, etc. | City & State | Suite, Apt. #, etc. | City & State |
| Zip | Country | Zip | Country |

| | |
|--|---|
| 3. Date Organized or Qualified 10/31/1996 | 3a. State of Formation FL |
| 4. FEI Number 59-3407677 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

7. Name and Address of Current Registered Agent

KANAN, BRADFORD S
1325 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

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 reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MEM | COMMONS MEDICAL DEVELO | 1325 W. COLONIAL DR., SUIT | ORLANDO FL |
| MEM | KANAN, BRADFORD S. | 1325 W COLONIAL DRIVE | ORLANDO, FL |
| MEM | KANAN, RHONDA J. | 1325 W COLONIAL DRIVE | ORLANDO, FL |

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****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: Joseph Williams JOSEPH WILLIAMS 2/3/97 (407) 425-8454
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

INHSE10 R(12-96) X Bradford S. Kanan BRADFORD S. KANAN 3/10/97 (407) 425-8454