LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							98	98 MAR -9 AN 10: 57			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 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			
2. Principal Place of Business 2a. Ma				alling Address			3. Date Organized or Qualified 3a. State of Formation				
Sulte, Apt	#, etc.	Suite, Apt. #, etc.				10/31/1996 FL 4. FEI Number					
City & State			City & State				59-3407677 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired				
Zip		Country	Zip		Count	ry	03/12/	•	1	tional Fee Required	
7. Name and Address of Current Registered Ag						8. Name	Name and Address of New Registered Agent/Office				
KANAN, BRADFORD S 1325 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804				Street Address (Suite, Apt. #, etc			P.O. Box Number is Not Acceptable)				
						City		FL	Zip Code		
its register	ed office or reg	ions of Sections 608.416 a stered agent, or both, in the accept the obligations.	nd 608.508 State of Flo	, Florida Statu rida. Such cha	tes, the at nge was a	oove-named limite uthorized by affirm	d liability company active vote of a major	submits this state ity of the membe	ement for the rs. I hereby a	e purpose of changing accept the appointment	
SIGNATU	AE	(Registered Agent Accepting A	ppointment) (f	NOTE: Registered A	geni signatur	e required when reinstate	ng)	DATE			
10. Title	, Title Managing Members/Managers			Business Street Address				City, State and Zip Code			
MEM COMMONS MEDICAL DEVELO				1325	W.C	OLONIAL -	DR., SUI	ORLAN	90 F Ł		
мем	M KANAN, BRADFORD S			1325 W. COLONIAL D			DRIVE, S	ORLANI	DO FL		
MEM	KANAN,	RHONDA J		1325	W. C	OLONIAL	DRIVE, S	ORLANI	OO FL		
mem	Kanan	Family LTD.		"			' - 10	00002 -03/12 *****	2/980	6615)1007007 *****188.75	
indicated o	n this annual re	the information supplied wit oport is true and accurate a r the receiver or trustee em ss.	nd that my s	ignature shall	have the s	ame legal effect a	is if made under oat	h; that I am a ma	naging mem	ber or manager of the	

SIGNATURE AND TYPE O OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER