

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001147

1. Entity Name

COMMONS DADE I, L.C.

Principal Place of Business

Mailing Address

2600 TECHNOLOGY DRIVE
SUITE 200
ORLANDO FL 32804

2600 TECHNOLOGY DRIVE
SUITE 200
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 JUL 16 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3407677

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

KANAN, BRADFORD S
1325 W. COLONIAL DRIVE
SUITE 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
Due By September 26, 2001

000004488600--0
-07/20/01--01115--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MEM
STREET ADDRESS KANAN FAMILY LTD
CITY-ST-ZIP 1325 W. COLONIAL DR., SUITE 200
ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS 2600 Technology Dr., Suite 200
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

TITLE
NAME MEM
STREET ADDRESS KANAN, BRADFORD S
CITY-ST-ZIP 1325 W. COLONIAL DRIVE, STE 200
ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS 2600 Technology Drive, Suite 200
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

TITLE
NAME MEM
STREET ADDRESS KANAN, RHONDA J
CITY-ST-ZIP 1325 W. COLONIAL DRIVE, STE 200
ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS 2600 Technology Dr., Suite 200
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE