File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY 🦽 FLORIDA DEPARTMENT OF STATE FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS MAR 22 PM 12: 06 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000001358** 1a. Principal Place of Business Address COMMONS FLORIDA I, L.C. 1325 W. COLONIAL DRIVE 1325 W. COLONIAL DRIVE SUITE 200 SUITE 200 ORLANDO FL 32804 ORLANDO FL 32804 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 12/31/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3434449 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žip Country Žφ Country \$8.75 Additional Fee Required 05/15/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KANAN, BRADFORD S 1325 W. COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 200 ORLANDO FL 32804 Suite, Apt #, etc. 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 _ (Registered Agent Accepting Appointment) (NOT). Registered Agent signature registed with a resist only 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGR COMMONS MEDICAL DEVELO 1325 W. COLONIAL DR., SUIT ORLANDO FL MGR KANAN FAMILY LTD, 1325 W. COLONIAL DRIVE ORLANDO FL MEM KANAN, BRADFORD 1325 W. COLONIAL DRIVE ORLANDO FL MEM KANAN, RHONDA 1325 W. COLONIAL DRIVE ORLANDO FL 9d0002828349--**#** -04/02/99--01090--013. ****188.75 ****188.75

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If further certify that the information indicated on this annual report is true and acqurate and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or true test empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

. Сестипите и NAME СЕ Бизтича малачала и Мемер в сесторача в п

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attachment with an address.
SIGNATURE: