

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-02-2003 90579 001 ****50.00

DOCUMENT # L96000001358

1. Entity Name
COMMONS FLORIDA I, L.C.



Principal Place of Business
**2600 TECHNOLOGY DRIVE, SUITE 200
ORLANDO FL 32804**

Mailing Address
**2600 TECHNOLOGY DRIVE, SUITE 200
ORLANDO FL 32804**

44003388

2. Principal Place of Business
1950 Lee Road

Suite, Apt. #, etc.
225

City & State
Winter Park FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
32789-1867

Country

4. FEI Number **59-3434449**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**KANAN, BRADFORD S
1325 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name
PERCE B BELL

Street Address (P.O. Box Number is Not Acceptable)
1950 Lee Road Suite 225

City
Winter Park

FL

Zip Code
32789-1867

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 **PERCE B BELL**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMONS MEDICAL DEVELOPMENT, INC. 2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANAN FAMILY LTD 2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KANAN, BRADFORD 2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANAN, Rhonda J 416 Butler St Winter Park FL 32786-8534	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **PERCE B BELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/30/03**

Daytime Phone # **407-695-0287**

CR2E083 (10/02)