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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE \$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

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1997 MAR -3 PH 10: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COMMONS OVIEDO I, L.C. 1325 W. COLONIAL DRIVE , SUITE 200 ORLANDO FL 32804 Habove mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2s.							1a. Principal Place of Business Address 1325 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804 3. Date Organized or Qualified 1 3a. State of Formation						
2. Principal Place of Business 2a. Mailing				g Address				3. Date Organized or Qualified					
Suite, Apt. #, etc. Suite, Apt.				#, etc.				12/31/1996 4. FEI Number		FL			
								Littombo			Applied For		
City & State City & Stat				Ю							Not Applicable		
Zip	Country			Zip Country			5. Date of Last Report			6. Certificate of Status Desired			
											58 75 Additional Fee Required		
7. Name and Address of Current Registered A					Agent Name			8. Name and Address of New Registered Agent					
KANAN, BRADFORD S 1325 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.							
					City			FL Zip					
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.													
SIGNATU	RE	(Boustman Angul Acce	OTF Registered	DATE									
SIGNATURE (Registered Agent Accepting Appointment) (NC 10. Title Managing Members/Managers				Business Street Address			ess	City			, State and Zip Code		
				-			•						
MGR	COMMONS	MEDICAL	DEVELO	1325 1	w. CC	LONIAL	DR.,	SUIT	ORLANDO) FL			
•						i.		80	0002 -03/02 *****4	1.04 1/970 07.50	148——U 1109—024 ****203.75		
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11. 1 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:

GNATURE AND TYPEO OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER