File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 1999 99 MAR 10 AM 10: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SCURETARY OF MEASTER TALL AHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 197000000765** 1a. Principal Place of Business Address COMMONS GEORGIA 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 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/15/1997 FL Suite, Apt. #, etc. Suite, Apt #, etc FEI Number 59-3533881 Applied For City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8.75 Additional Fee Required 04/27/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KANAN, BRADFORD S 1325 W. COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 200 000002811040 GRIANDO FL 32804 -03/18/99---01089---014-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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ DATE (Registered Agent Andersong Appointment) _ (ROTE the judered Agent Signature nounce two interest to a 10. Title **Business Street Address** Managing Members/Managers City. State and Zip Code MGR KANAN, BRADFORD S 1325 W. COLONIAL DRIVE SUI ORLANDO FL 11 Ido 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 eath, that I am a managing member or manager of the stee employered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an limited liability company or the rece attachment with an address.

REPORTED NAME OF GODING MANAGING MEMBET CORD MANAGINE

INHSE10 R (12-98)