2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am Secretary of State DOCUMENT # L9700000765 03-29-2002 91212 031 ****50 00 COMMONS GEORGIA I. L.C. Principal Place of Business Mailing Address 2600 TECHNOLOGY DRIVE 2600 TECHNOLOGY DRIVE SUITE 200 SUITE 200 ORLANDO FL 32804 ORLANDO FL 32804 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3533881 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KANAN, BRADFORD S Street Address (P.O. Box Number is Not Acceptable) 1325 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804 City Zip Code FL 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, 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 May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS MGR Change ■ Addition ☐ Delete TITLE TITLE KANAN, BRADFORD S NAME NAME STREET ADDRESS STREET ADDRESS 2600 TECHNOLOGY DRIVE, STE. 200 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE \$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP

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 peeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE