2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000000765

1. Entity Name

CITY-ST-ZIP

COMMONS GEORGIA I, L.C.



Principal Place of Business

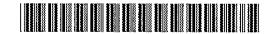
Mailing Address

DO NOT WRITE IN THIS SPACE

2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO, FL 32804

2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO, FL 32804

FILED Apr 02, 2004 08:00 AM Secretary of State



03252004 No Chg-LLC

CR2E083 (10/03)

	_ \$5.00	Additional
59-3533881		Not Applicable
4. FEI Number		Applied For

Certificate of Status Desired

ანე.UU Addition: Fee Required

6. Name and Address of Current Registered Agent

KANAN, BRADFORD S 2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chair ions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE			DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004		U00000102050 04/02/04-88038-012 50,00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANAN, BRADFORD S 2600 TECHNOLOGY DRIVE, STE. 200 ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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: NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

March 29, 04

407-4258460

Daytime Prone #