2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000765

1. Entity Name

COMMONS GEORGIA L.L.C.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90051 030 ****50.00

L			G- 10 TO	1550			
1	Place of Business	Mailing Address					
2600 TECHNOLOGY DRIVE SUITE 200 ORLANDO FL 32804		-			20007370		
2. Principal	al Place of Business	3. Mailing Address	3. Mailing Address				
· · · · · · · · · · · · · · · · · · ·	Apt. #, etc.	Suite, Apt. #, etc.		_	/	E IF MAKING CHANG	
City & Sta	tate	City & State		4. FEI Nun			Applied For
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	□ \$5.00	Not Applicable Additional
	6. Name and Address of Cu	irrent Registered Agent		L	nd Address of New F	— Fee Requ	ired
KA/	NAN, BRADFORD S		Name	** *****	He Mudiess of 11017 .	18gistered Agent	<u> </u>
496	1949, BRADFURD S 125 W: COLONIAL DRIVE		Street Addre	(D.O. Dev. No.			
	JITE 200		Street Addre	う Ter ん	nber is Not Acceptable	³) / ~	
	RLANDO FL 32804				101071	_01	
			City		-	FL Zip C	ode
8. The above	ve named entity submits this stateme ations of registered agent.	ent for the purpose of changing	its registered office or regi	istered agent or h	oth in the State of Ele		
the obliga	ations of registered agent.	· · · · · · · · · · · · · · · · · · ·	no regional annual annual.	ISIEIGU agoin, or p	oth, in the State of Fig	orida. I am tamiliar wit	h, and accept
SIGNATURE .							
	Signature, typed or printed name of registered	agent and title if applicable. (N	NOTE: Registered Agent signature requ	juired when reinstating)		DATE	
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		FILE \	NOW!!! FEE IS \$50.0	าก			
		FILE : Make Check Paya	NOW!!! FEE IS \$50.0 ible to Florida Departr	00 ment of State			
. <u></u>		Make Check Paya	NOW!!! FEE IS \$50.0 able to Florida Departr Due By May 1, 2003	00 ment of State	,		
9.		Make Check Paya	able to Florida Departr	00 ment of State	A POITIONIC /		
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11 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:

SIGNATURE AND TYPED OR PRIN SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #