2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000766

1. Entity Name
COMMONS VENICE I, L.C.

Principal Place of Business	Mailing Address
1325 W. COLONIAL DRIVE	1325 W. COLONIAL DRIVE
SUITE 200	SUITE 200
ORLANDO FL 32804	ORLANDO FL 32804-7133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
2600 Technology Drive	2600 Technology Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200
City & State	City & State
Orlando, FL	Orlando, FL

Zip	Country	Zip	Country
32804		32804	

4. FEI Number 59-3533900   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
KANAN, BRADFORD S	Name
1325 W. COLONIAL DRIVE	Street Address (P.O. Box Number is Not Acceptable)
SUITE 200	
ORLANDO FL 32804	City FL Zip Code

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 _____
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

9.	MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	KANAN, BRADFORD S		NAME			
STREET ADDRESS	1325 W. COLONIAL DRIVE #200		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME	100003273551--5		
STREET ADDRESS			STREET ADDRESS	-06/01/00--01056--018		
CITY-ST-ZIP			CITY-ST-ZIP	*****50.00 *****50.00		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #