2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Business 3510 RADIO ROAD NAPLES, R. 34104 DO NOT WRITE IN THIS SPACE A STEEL NAME St. 02 St.	DOCUMENT # L01000018459 1. Entity Name 694 COMMERCIAL BLVD., L.L.C.	FILED
DO NOT WRITE IN THIS SPACE 1. FEI Number and Address of Current Registered Agant BAVIELLO, MICHAEL A JR. 1025 FIFTH AVENUE NORTH NAPLES, FL 34102 1. The above named entry submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Plotida. I am familiar with, and accept the objections of registered agent. 1. The above named entry submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Plotida. I am familiar with, and accept the objections of registered agent. 1. The above named entry submits the statement for the purpose of changing its registered office or registered agent. 1. The above named entry submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Plotida. I am familiar with, and accept the objections of registered agent. 1. The above named entry submits the statement for the purpose of changing its registered office or registered agent. 1. The above named entry submits the statement for the purpose of changing its registered office or registered agent. 1. The above named entry submits the statement for the purpose of changing its registered office or registered agent. 1. The above named entry submits the statement for the purpose of changing its registered agent. 1. The above named entry submits the statement for the purpose of changing its registered agent. 1. The above named entry submits the statement for the purpose of the statement agent agent agent with a statement of the statement of the purpose of the statement of the sta	· -	
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BAVIELLO, MICHAEL A JR. 1025 FIFTH AVENUE NORTH NAPLES, FL 34102 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 Rovids, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Specific prints specific prints are submitted to the purpose of changing its registered office or registered agent. SIGNATURE Signature, Specific prints specific prints are submitted agents agent and the Fapilitation. INCIE Registered office or registered agent. PUBLISHED STATES Signature, Specific prints specific prints agent agents agent and the Fapilitation. INCIE Registered office or registered agent. INCIE Registered Agent agents readend when removing. INCIE Registered Agent agents readend when removing. INCIE Registered Agent agents readend agent removing agents agent agent agent removing agent agent removing agent agent agent agent removing agent agent removing agent agent agent agent removing agent	DO NOT WRITE IN THIS SPAC	59-3759437 Not Applicable
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILING Foe is \$50.00 Bue by May 1, 2007 MANAGING MEMBERS/MANAGERS TITLE MARK JONES, BENF STRET ANDRESS OTT-51-7P ITILE MANA STRET ANDRESS OTT-51-7P THE ANDRESS THE ANDRESS OTT-51-7P THE ANDRESS O	Name and Address of Current Registered Agent	
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Filling Foe is \$50.00 Due by May 1, 2007 700088455067 02/16/0701005015 ***300.00 9. MANAGING MEMBERS/MANAGERS ITILE MARE JONES, BEN F 3510 RADIO ROAD NAPLES, FL 34104 ITILE NAME SITERI ADDRESS CITY-ST-2P TITLE NAM	the obligations of registered agent. SIGNATURE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accounted 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 received frustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exe indicated on this report is true and accurate and that my signature shall have the same limited liability company or the received in trustee empowered to execute this report as	41-