


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 034 ****50.00

DOCUMENT # L04000012890	
1. Entity Name COMMERCIAL ACQUISITIONS, LLC	

Principal Place of Business 1300 THOMASWOOD DR TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 10529 TALLAHASSEE, FL 32302
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2. Principal Place of Business - No P.O. Box # 64 Garfield Street	3. Mailing Address 64 Garfield Street
Suite, Apt. #, etc. Unit 4	Suite, Apt. #, etc. Unit 4

City & State Santa Rosa Beach, FL	City & State Santa Rosa Beach, FL
Zip 32459	Country USA



01092007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
DEAL, BOB 64 GARFIELD STREET UNIT 4 SANTA ROSA BEACH, FL 32459	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Bob Deal	DATE 1-24-07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MANAGING MEMBER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bob Deal		NAME	
STREET ADDRESS 64 Garfield St.		STREET ADDRESS	
CITY-ST-ZIP Santa Rosa Beach, FL 32459		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: Bob Deal	Bob Deal - Mang. Member	1-24-07	850-699-9289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #