


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90054 043 \*\*\*138.75

<b>DOCUMENT # L99000002918</b>	
1. Entity Name 694/888, L.C.	

Principal Place of Business 7860 PETERS ROAD, F-111 PLANTATION, FL 33324	Mailing Address 7860 PETERS ROAD, F-111 PLANTATION, FL 33324
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60030600



2. Principal Place of Business - No P.O. Box # 1540 DW. 5, ST.	3. Mailing Address 10097 Cleary Blvd
Suite, Apt. #, etc. Suite H	Suite, Apt. #, etc. Suite 332
City & State Plantation FL	City & State Plantation FL
Zip 33317	Country USA
Zip 33324	Country USA

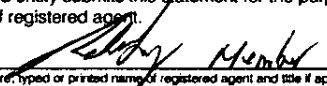
02222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0926153	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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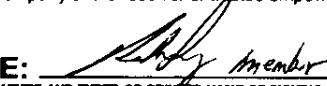
6. Name and Address of Current Registered Agent  LEVY, ROBERT A 7860 PETERS ROAD, F-111 PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent Name Robert A Levy Street Address (P.O. Box Number is Not Acceptable) 10097 Cleary Blvd. Suite 332 City Plantation FL Zip Code 33324	
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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 	DATE April 24, 2008

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, ROBERT A 7860 PETERS ROAD, F-111 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert A Levy 10097 Cleary Blvd Suite 332 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADKIN, S. MARTIN 7860 PETERS ROAD SUITE F-111 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S. Martin Sadkin 10097 Cleary Blvd Suite 332 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.	
SIGNATURE: 	Date April 24, 2008 954-381-5930