


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90150 026 ****50.00

DOCUMENT # L00000013207


1. Entity Name
 17TH STREET ASSOCIATES, LLC



Principal Place of Business: 3345 MAIN ST, STE C2, SARASOTA, FL 34236
 Mailing Address: 3345 MAIN ST, STE C2, SARASOTA, FL 34236

2. Principal Place of Business: 1345 Main Street, Suite C2, Sarasota, Florida
 3. Mailing Address: 1345 Main Street, Suite C2, Sarasota, Florida

City & State: Sarasota, Florida
 Zip: 34236, Country: U.S.A.



07132004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 65-1060483
 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORAN, JOHN A ESQUIRE
 22 SOUTH LINKS AVENUE, SUITE 300
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 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. I am familiar with, and accept the obligations of registered agent.

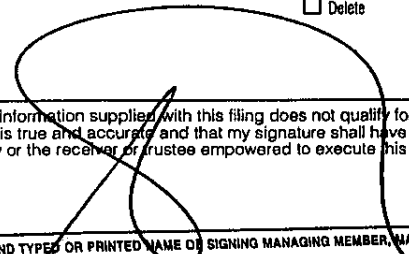
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM; DORE, STEPHEN W 2558 WATERVIEW CT SARASOTA, FL 34231 <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	MGRM; SULLIVAN, J M 1742 PEREGRINE POINT DRIVE SARASOTA, FL 34231 <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	MGRM; KALIN, EDWARD L 5252 S. TAMiami TRAIL SARASOTA, FL 34239 <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	MGRM MALKIN, ROBERT 1620 BLUE HERON DRIVE SARASOTA, FL 34239 <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	MGRM; DUNNING, JERRY 511 CHEVAL DRIVE VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNNING, JERRY 5009 COCO PLUM WAY SARASOTA, FL 34241 <input checked="" type="checkbox"/> Change <input checked="" 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 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:  **STEPHEN W. DORE, Managing Member**

Date: 07/19/04 Daytime Phone #: (941) 954-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Attachment 84680605
#L00000013207

LAW OFFICES OF
DUNLAP & MORAN, P.A.

SUITE 300
22 SOUTH LINKS AVENUE
SARASOTA, FLORIDA 34236
POST OFFICE BOX 3948
SARASOTA, FLORIDA 34230-3948
TELEPHONE 941-366-0115
FACSIMILE 941-365-4660

SCOTT H. CARTER*
SCOTT W. DUNLAP**
GARY KAUFFMAN†
RUTH E. MCMAHON†
DAVID M. MITCHELL‡
JOHN A. MORAN
REBECCA J. PROCTOR
DAVID H. ROSENBERG
JOHNSON S. SAVARY, JR.††

* ALSO LICENSED IN TEXAS
** FLORIDA BAR BOARD CERTIFIED-
REAL ESTATE
† FLORIDA BAR BOARD CERTIFIED-
WILLS, TRUSTS & ESTATES
ALSO LICENSED IN
COLORADO AND MICHIGAN
†† ALSO LICENSED IN MICHIGAN
‡ OF COUNSEL
¶ ALSO LICENSED IN NEW YORK

July 19, 2004

5358-1

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: 17th STREET ASSOCIATES, LLC

Dear Sir/Madam:

Enclosed herewith for filing is the 2004 Annual Report, in connection with the above-referenced limited liability company.


Also, enclosed please find a check in the amount of \$50.00, representing payment of your filing fee.

As stated on the Annual Reports, they are being filed pursuant to F.S. § 607.193(2)(b), as the entities did not receive prior notification of the filing deadline.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.


Ruth E. McMahon, Esq.

REM:jls/5358-1/Ltr-DivofCorp-with 2004 AR 071904

Enclosures

cc: Steve Dore (w/ encl.)