

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000084780
 1. Entity Name
 417 PROPERTIES, LLC



Principal Place of Business: 7651-3 S. ARAGON BLVD. SUNRISE, FL 33322
 Mailing Address: 1802 N. UNIVERSITY DRIVE SUITE 102-316 PLANTATION, FL 33322



02182008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 41-2159992 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SARIOL, MARIA D ESQ
 2199 PONCE DE LEON BOULEVARD
 SUITE 301
 CORAL GABLES, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75
 U00000840287
 03/06/08-80041-025 138.75

B. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROSATO, FRED
STREET ADDRESS	1802 N. UNIVERSITY DRIVE SUITE 102-316
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGR
NAME	ROSATO, CANDACE A
STREET ADDRESS	1802 N. UNIVERSITY DRIVE SUITE 102-316
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Candace A. Rosato *Candace A. Rosato* 2-19-08 9545785162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #