

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90260 050 ****50.00

DOCUMENT # L05000006598 1. Entity Name 717 ASSOCIATES, LLC					
Principal Place of Business 11 VALIANT DR. COVENTRY, RI 02816			Mailing Address 11 VALIANT DR. COVENTRY, RI 02816		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2202298	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BAILEY, STEVE 5261 SABLE TRACE DRIVE NORTH PORT, FL 34287-3173				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPE, JOSEPH M 11 VALIANT DR. COVENTRY, RI 02816	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPE, GEORGE 45 BAKEWELL DRIVE CRANSTON, RI	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPE, GEORGE 71 BAKEWELL CT. CRANSTON RI 02921	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPE, GEORGE 71 BAKEWELL CT. CRANSTON RI 02921	☐ Change ☐ Addition			
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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 executor or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <i>George J. Sepe</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/19/06 Daytime Phone 901-529-0054		