

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000087193

Entity Name: 1700 ASSOCIATES GROUP, LLC**Current Principal Place of Business:**1700 NW BOCA RATON BLVD.
BOCA RATON, FL 33432**Current Mailing Address:**1700 NW BOCA RATON BLVD.
BOCA RATON, FL 33432 US**FEI Number:** 46-0623557**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRIPPEN, BRENT
1700 NW BOCA RATON BLVD
BOCA RATON, FL 33432 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	WINTERS, JANICE
Address	1700 NW BOCA RATON BLVD
City-State-Zip:	BOCA RATON FL 33432

Title	MGR
Name	CRIPPEN, BRENT
Address	1700 NW BOCA RATON BLVD
City-State-Zip:	BOCA RATON FL 33432

Title	MGR
Name	LIPPARD, JON M
Address	1700 NW BOCA RATON BLVD
City-State-Zip:	BOCA RATON FL 33432

Title	MGR
Name	RYALS, TOM
Address	1700 NW BOCA RATON BLVD.
City-State-Zip:	BOCA RATON FL 33432

Title	MGR
Name	RYALS, TOM
Address	1700 NW BOCA RATON BLVD.
City-State-Zip:	BOCA RATON FL 33432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JON M LIPPARD**MANAGER****04/29/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date