

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

APPROVE
AND
FILED

04 MAY -6 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000576

1. Entity Name

BOYNTON BEACH ASSOCIATES XVII, LLLP



Principal Place of Business

1401 UNIVERSITY DRIVE, STE. 200
CORAL SPRINGS FL 33071

Mailing Address

1401 UNIVERSITY DRIVE, STE. 200
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYNTON BEACH XVII CORPORATION
1401 UNIVERSITY DRIVE, STE. 200
CORAL SPRINGS FL 33071

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$12,950,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$12,950,000.00

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P03000020867
NAME BOYNTON BEACH XVII CORPORATION
STREET ADDRESS 1401 UNIVERSITY DRIVE, STE. 200
CITY-ST-ZIP CORAL SPRINGS FL 33071

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Maria Menendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Maria Menendez, Vice President

Date

Daytime Phone #

4/26/04 954-753-1730

STAPLE CHECK HERE



MOORE

CR2E003 (11/03)