

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

06 MAY -1 PM 4:49

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  
 1600 Sawgrass Corp Pkwy  
 Suite, Apt. #, etc.  
 Suite 300

3. Mailing Address  
 1600 Sawgrass Corp Pkwy  
 Suite, Apt. #, etc.  
 Suite 300

City & State  
 Sunrise, FL

City & State  
 Sunrise, FL

Zip  
 33323

Country  
 USA

Zip  
 33323

Country  
 USA

04032006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 65-1182441

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1600 Sawgrass Corp Pkwy, #300  
 City  
 Sunrise FL Zip Code  
 33323

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]*

4/27/06

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

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

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS 1600 Sawgrass Corp Pkwy #300  
 CITY-ST-ZIP Sunrise, FL 33323

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE:

*[Signature]*

N. MARIA MENDEZ, VICE PRESIDENT

4/27/06

954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE