


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A03000000576</b>	
<b>1. Entity Name</b> BOYNTON BEACH ASSOCIATES XVII, LLLP	

<b>Principal Place of Business</b> 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<b>Mailing Address</b> 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04202007 Chg-LP CR2E003 (12/06)	
<b>4. FEI Number</b> 65-1182441	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
BOYNTON BEACH XVII CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

<b>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.</b>
SIGNATURE _____ DATE _____

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>
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<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000020867	STREET ADDRESS	
NAME	BOYNTON BEACH XVII CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	SUNRISE, FL 33323		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

<b>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</b>
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<b>SIGNATURE:</b> 	<b>N. MARIA MENDEZ, VICE PRESIDENT</b>	<b>4/24/07</b>	<b>954-753-1730</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE