

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 9:20

DOCUMENT # A03000000576

1. Entity Name
 BOYNTON BEACH ASSOCIATES XVII, LLLP



Principal Place of Business
 1600 SAWGRASS CORP PKWY, SUITE 300
 SUNRISE, FL 33323

Mailing Address
 1600 SAWGRASS CORP PKWY, SUITE 300
 SUNRISE, FL 33323



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

City & State

04162008 Chg-LP CR2E003 (12/06)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

BOYNTON BEACH XVII CORPORATION
 1600 SAWGRASS CORP PKWY, SUITE 300 230
 SUNRISE, FL 33323

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.

4/22/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 1600 SAWGRASS CORP PKWY, SUITE 300
 CITY-ST-ZIP SUNRISE, FL 33323

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1600 Sawgrass Corp Pkwy, Suite 230
 CITY-ST-ZIP Sunrise, FL 33323
 700120124117
 05/01/08--01055--004 **508.75

DOCUMENT #
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 CITY-ST-ZIP

STAPLE CHECK HERE

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:

RICHARD M. NORWALK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/08

Date

(954) 753-1730

Daytime Phone #