


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009636 1. Entity Name 917-5, L.C.	
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Principal Place of Business C/O ROBERTA SEGAL SUITE #405, 1065 N.E. 125TH STREET MIAMI, FL 33161	Mailing Address C/O ROBERTA SEGAL SUITE #405, 1065 N.E. 125TH STREET MIAMI, FL 33161
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01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1748572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SEGAL, ROBERTA SUITE #405, 1065 N.E. 125TH STREET MIAMI, FL 33161
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEGAL, ROBERTA SUITE #405, 1065 N.E. 125TH STREET MIAMI, FL 33161
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**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE 	Date 1/12/04	Daytime Phone # 305-899-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		