2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L01000009219

Entity Name: SEVENTEENTH STREET CAUSEWAY, LLC

Current Principal Place of Business:

888 SE 3RD AVE. SUITE 501
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

888 SE 3RD AVE. SUITE 501
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-2788727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUSTIN, FORMAN M
888 SE THIRD AVE STE 501
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

FORMAN, M AUSTIN
888 SE THIRD AVE STE 501
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: M AUSTIN FORMAN 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FORMAN, AUSTIN M
Address: 888 SE THIRD AVE STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR ( ) Delete
Name: GRADY, VICKI
Address: 888 SE THIRD AVE STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: MAHANEY, PATRICIA
Address: 888 SE THIRD AVE STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M AUSTIN FORMAN MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date