


FILED
Jun 07, 2007 8:00 am
Secretary of State

04-25-2007 90044 044 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000033220
 1. Entity Name
CANYON 1017, LLC



Principal Place of Business
 18851 NE 29TH AVE.
 SUITE 1011
 AVENTURA, FL 33180

Mailing Address
 18851 NE 29TH AVE.
 SUITE 1011
 AVENTURA, FL 33180

30010129



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01042007 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
APPLIED FOR 20 - 308 1282

Applied For
 Not Applicable

City & State
 Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
DADE COUNTY CORPORATE AGENTS, INC.
 18901 N.E. 29TH AVENUE
 SUITE 100
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CSGB HOLDINGS, LLC 18851 N.E. 29 STREET, SUITE 1011 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:

[Handwritten Signature]

04/03/07

(305) 935-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

both

ATTACHMENT

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

30010129

#404000033220

Date of this notice: 07-14-2005

000512.188756.0003.001 1 AT 0.292 702



Employer Identification Number:
20-3081282

Form: SS-4

Number of this notice: CP 575 B

CANYON 1017 LLC
% CSGB HOLDINGS LLC MBR
2999 NE 191ST ST STE 803
AVENTURA FL 33180

For assistance you may call us at:
1-800-829-4933

00512

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-3081282. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

07/11/2005

After our review of your information, we have determined that you are delinquent for the tax period(s) dating as far back as 2004. Please file your return(s) by 07-29-2005. Penalties and interest will continue to accumulate from the due date of the return(s) until it is filed. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities. If you need tax forms, you can call 1-800-829-3676 or you can download the forms from the IRS website at www.irs.gov.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)

(IRS USE ONLY)

575B

ATTACHMENT

07-14-2005 CANY B 0132664548 SS-4

30010129
#L04000033220



000512

Keep this part for your records.

CP 575 B (Rev. 1-2005)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 B

0132664548

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 07-14-2005
EMPLOYER IDENTIFICATION NUMBER: 20-3081282
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003
|||

CANYON 1017 LLC
% CSGB HOLDINGS LLC MBR
2999 NE 191ST ST STE 803
AVENTURA FL 33180