


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90066 012 ****50.00

DOCUMENT # L04000040142

1. Entity Name
 N717CF, LLC



Principal Place of Business
 1826 PLUMBAGO LANE
 NAPLES, FL 34105

Mailing Address
 1826 PLUMBAGO LANE
 NAPLES, FL 34105

2. Principal Place of Business
 3275 GREEN DOLPHIN LN
 Suite, Apt. #, etc.

3. Mailing Address
 3275 GREEN DOLPHIN LN
 Suite, Apt. #, etc.

City & State
 NAPLES, FL


City & State
 NAPLES, FL

Zip
 34102-7917

Country
 USA

Zip
 34102-7917

Country
 USA



08082005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

VICKER, KERRY
 1826 PLUMBAGO LANE
 NAPLES, FL 34105

4. FEI Number
 20-1171876

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 SMITH, BRYAN L.

Street Address (P.O. Box Number is Not Acceptable)

3275 GREEN DOLPHIN LN

City
 NAPLES

FL

Zip Code
 34102-7917

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 *Bryan L. Smith* BRYAN L. SMITH, MGR DATE 08/08/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICKER, KERRY 1826 PLUMBAGO LANE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICKER, KERRY 3275 GREEN DOLPHIN LN NAPLES, FL 34102-7917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, BRYAN L 1826 PLUMBAGO LANE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3275 GREEN DOLPHIN LN NAPLES, FL 34102-7917 <input checked="" 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 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: *Bryan L. Smith* BRYAN L. SMITH, MGR DATE 08/08/05 (239)434-6131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #