

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


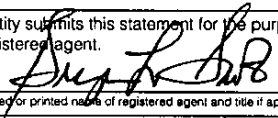
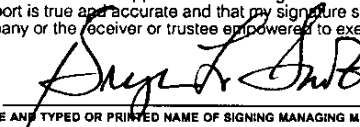
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Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90226 049 ****50.00

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01192006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000040142					
1. Entity Name N717CF, LLC					
Principal Place of Business 3275 GREEN DOLPHIN LN NAPLES, FL 34102-7917			Mailing Address 3275 GREEN DOLPHIN LN NAPLES, FL 34102-7917		
2. Principal Place of Business 2318 SILVER PALM PLACE Suite, Apt. #, etc.		3. Mailing Address 2318 SILVER PALM PLACE Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 20-1171876	
Zip 34105-3043	Country USA	Zip 34105-3043	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BRYAN L 3275 GREEN DOLPHIN LN NAPLES, FL 34102-7917			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2318 SILVER PALM PLACE City NAPLES FL Zip Code 34105-3043		
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, MGR 01/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			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 3275 GREEN DOLPHIN LN NAPLES, FL 341027917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2318 SILVER PALM PLACE NAPLES, FL 34105-3043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, BRYAN L 3275 GREEN DOLPHIN LN NAPLES, FL 341027917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2318 SILVER PALM PLACE NAPLES, FL 34105-3043 <input checked="" 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		
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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:  BRYAN L. SMITH, MGR 01/19/06 (239) 434-6131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					