2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# L04000062166

Entity Name: STEINHATCHEE PARCEL #17 LLC

Current Principal Place of Business:

MARK AND SHARI STAFFORD
18171 SE ISLAND DR
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

MARK AND SHARI STAFFORD
18171 SE ISLAND DR
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 74-3130521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAFFORD, JAMES MARK
18171 S.E. ISLAND DR
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	STAFFORD, MARK	
Address:	18171 S.E. ISLAND DR	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	MGRM	( ) Delete
Name:	STAFFORD, SHARI	
Address:	18171 S.E. ISLAND DR	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	MGRM	( ) Delete
Name:	ANDRIOLO, DOMINICA	
Address:	1770 NE 191 ST., APT 102	
City-St-Zip:	NORTH MIAMI BEACH, FL 33179	
Title:	MGRM	( ) Delete
Name:	SANFILIPPO, PAUL B	
Address:	2119 CANAL RIDGE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	MGRM	( ) Delete
Name:	SANFILIPPO, MARY	
Address:	2119 CANAL RIDGE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	MGRM	( ) Delete
Name:	GIORDANO, RONALD P	
Address:	15215 85 AVE N	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRAINE P. GIORDANO MRS. 04/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date