


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082868 1. Entity Name CED CAPITAL HOLDINGS XVII, L.L.C.					
Principal Place of Business 1551 SANDSPUR ROAD MIATLAND, FL 32751				Mailing Address 1551 SANDSPUR ROAD MIATLAND, FL 32751	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4961		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-1918976	
Zip 32802		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801				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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARRINO, MICHAEL J 1551 SANDSPUR ROAD MIATLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500044520875 01/11/05--01035--009 **\$5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR DOODY, TRICIA 1551 SANDSPUR ROAD MIATLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR BROCK, JAY P. 1551 SANDSPUR ROAD MIATLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR MISSIGMAN, PAUL 1551 SANDSPUR ROAD MIATLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
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: <u>TRICIA DOODY, MANAGER</u>			Date <u>1/7/05</u> Daytime Phone # <u>407/741-8580</u>		

FILED
2005 JAN 10 PM 2:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

