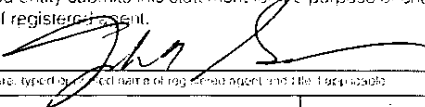


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90070 020 ***138.75

DOCUMENT # L05000006598			
1. Entity Name 717 ASSOCIATES, LLC			
Principal Place of Business 11 VALIANT DR. COVENTRY RI 02816		Mailing Address 11 VALIANT DR. COVENTRY RI 02816	
2. Principal Place of Business - No P.O. Box # 11 Valiant Drive Cov.		3. Mailing Address 11 Valiant Drive	
Suite, Apt. #, etc. /		Suite, Apt. #, etc.	
City & State Coventry RI		City & State Coventry RI	
Zip 02816	Country U.S.A.	Zip 02816	Country U.S.A.
6. Name and Address of Current Registered Agent BAILEY, STEVE 5261 SABLE TRACE DRIVE NORTH PORT FL 34287-3173		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): City: SAME 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 renewing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPE, JOSEPH M 71 BAKWELL COURT CRANSTON RI 02921 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPE, Joseph M 11 VALIANT DRIVE Coventry RI. 02816 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPE, GEORGE 45 BAKWELL DRIVE CRANSTON RI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPE, George 45 BAKWELL CT. CRANSTON RI ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 605, Florida Statutes.

SIGNATURE:

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

1/23/08 (401)
717-5000