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	Mailing Address
11 VALIANT DR. COVENTRY RI 02816	11 VALIANT DR. COVENTRY RI 02816

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11 Valiant Drive Cov.	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.

4. FEI Number: 41-2202298 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, STEVE 5261 SABLE TRACE DRIVE NORTH PORT FL 34287-3173	Name: Same Street Address (P.O. Box Number is Not Acceptable): Same 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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	SEPE, JOSEPH M		NAME	SEPE, JOSEPH M	
STREET ADDRESS	71 BAKEWELL COURT		STREET ADDRESS	11 VALIANT DRIVE	
CITY-ST-ZIP	CRANSTON RI 02921		CITY-ST-ZIP	COVENTRY RI. 02816	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	SEPE, GEORGE		NAME	SEPE, GEORGE	
STREET ADDRESS	45 BAKEWELL DRIVE		STREET ADDRESS	45 BAKEWELL CT.	
CITY-ST-ZIP	CRANSTON RI		CITY-ST-ZIP	CRANSTON RI	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: [signature] 1/23/08 (401) 751-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #