


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L05000049077 1. Entity Name 1701 PROPERTIES, LLC	
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Principal Place of Business 1701 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	Mailing Address 1701 SOUTH FLORIDA AVENUE LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



01222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1748343	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

VALENTI, JAMES C
1701 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

DATE: 05/07/08-80020-011 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VALENTI, JAMES C 1701 SOUTH FLORIDA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VALENTI, CHRISTINE S 1701 SOUTH FLORIDA AVENUE LAKELAND, FL 33803
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  **James C. Valenti** 4-16-08 863-686-0043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #