

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059795

FILED
Apr 25, 2008
Secretary of State

Entity Name: ROYAL MARCO POINT 17, L.L.C.

Current Principal Place of Business:

2 FOX HILL ROAD
CALIFON, NJ 07830

New Principal Place of Business:

Current Mailing Address:

2 FOX HILL ROAD
C/O J. HOLT
CALIFON, NJ 07830

New Mailing Address:

2 FOX HILL ROAD
CALIFON, NJ 07830

FEI Number: 20-5699044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, RONALD S
979 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145 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: PAPPAS, ANDREW G
Address: 6 GREENTREE DRIVE
City-St-Zip: EAST LYME, CT 06333

Title: MGRM () Delete
Name: HOLT, JONATHAN
Address: 2 FOX HILL ROAD
City-St-Zip: CALIFON, NJ 07830

Title: MGRM () Delete
Name: HOLT, ANGELA
Address: 2 FOX HILL ROAD
City-St-Zip: CALIFON, NJ 07830

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PAPPAS, ANDREW G
Address: 9 PENNS COVE RD
City-St-Zip: NINATIC, CT 06357

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 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: JONATHAN T. HOLT

MGRM

04/25/2008

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