2007 LIMITED LIABILITY COMPANY " **ANNUAL REPORT**

DOCUMENT # L05000061530

1. Entity Name **ROUTE 17 ASSOCIATES, LLC**



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

740 WEST STREET NAPLES, FL 34108 Mailing Address

740 WEST STREET NAPLES, FL 34108



DO NOT WRITE IN THIS SPACE

04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4484141

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORRADI, MICHAEL K 740 WEST STREET NAPLES, FL 34108

DO NOT WRITE IN THIS SDACE

		:	114 11113	SPACE
	named entity submits this statement for the purpose of changing ions of registered agent.	ng its registere	d office or registered agent, or both, in the State	e of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of regustered agent and little if applicable.	(NOTE Registered	Agent signature required when reinstating)	DATE
FI	iling Fee is \$50.00 ue by May 1, 2007	· · · ·		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORRADI, MICHAEL K 740 WEST ST NAPLES, FL 34108			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REPPUCCI, PETER S 4042 OLD TRAIL WAY NAPLES, FL 34108			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
NAME STREET ADDRESS CITY-ST-ZIP				J00000723267 J2/07-80066-002 50.00

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 appealer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #