


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

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90017 013 \*\*\*138.75

<b>DOCUMENT # L07000054275</b> 1. Entity Name <b>SOUTHWEST 17TH STREET, LLC</b>					
Principal Place of Business <b>1920 SW 12TH AVENUE OCALA FL 34474</b>			Mailing Address <b>POST OFFICE BOX 5279 OCALA FL 34478-5279</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>34471</b>	Country	Zip	Country	4. FEI Number <b>26-0229192</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GOODWIN, JAMES W 201 NORTH FRANKLIN STREET, STE 2000 TAMPA FL 33602</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of (a) current agent and (b) if applicable (NOTE: Registered Agent signature required when changing)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u><i>Bernard Little Jr.</i></u> <b>BERNARD LITTLE JR.</b> <u>2/7/08</u> <u>352.620.8324</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					