2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# L99000008275

Entity Name: SUNRISE PROPERTIES & INVESTMENTS #17, L.L.C.

Current Principal Place of Business:

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0905270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORMAN, M. AUSTIN TRUSTEE
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316 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/MEMBERS:

Title: MGRM ( ) Delete
Name: FORMAN, M. A TRUSTEE
Address: 888 SOUTHEAST THIRD AVENUE, SUITE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR ( ) Delete
Name: BLACKLYON PARTNERS, LTCL
Address: 4300 N. UNIVERSITY DR. #D103
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: BLACKLYON PARTNERS, LTD
Address: 4300 N. UNIVERSITY DR. #D103
City-St-Zip: LAUDERHILL, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M. AUSTIN FORMAN MGRM 05/01/2004

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