


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # M02000000651 1. Entity Name FWI 17 LLC |  |
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| Principal Place of Business C/O FLAG WHARF INC. 197 EIGHTH ST., STE. 800 BOSTON, MA 02129 | Mailing Address C/O FLAG WHARF INC. 197 EIGHTH ST., STE. 800 BOSTON, MA 02129 |
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04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 06-1677479 | 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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| DO NOT WRITE IN THIS SPACE |
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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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FWI 18 LLC 197 EIGHTH ST., STE. 800 BOSTON, MA 02129 |
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05/18/07-80073-004 100.00

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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:

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

Date

Daytime Phone #

Don't know who Agent 4/26/07 727-449-2020