


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000742 1. Entity Name WORKFORCE INNOVATION XVII, L.L.C.	
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Principal Place of Business 12801 N. CENTRAL EXPRESSWAY, SUITE 700 DALLAS, TX 75243	Mailing Address 12801 N. CENTRAL EXPRESSWAY, SUITE 700 700 DALLAS, TX 75243
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-2947799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADVANCE PROCESSING SYSTEMS INC 12801 N CENTRAL EXPRY STE 700 DALLAS, TX 75243
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 01/25/05-80111-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J. Russell Crews*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Sole Member Date _____ Daytime Phone # _____