2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

| DOCUMENT # M0400005283 1. Entity Name LAKEWOOD RANCH TIC 17, LLC | | | | | | | 005 90047 011 *** | 30.00 | |
|--|---|--|--|---|--|-------------------------------------|--|--|--|
| Principal Place of Business 300 CRESCENT COURT, SUITE 100 DALLAS, TX 75201 | | Mailing Address 300 CRESCENT COURT, SUITE 100 DALLAS, TX 75201 | | | | 0051040 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03082005 | Chg-LLC | CR2E083 (10/03) | | | |
| City & State | | City & State | | 4. FEI Numb | er | | oplied For ot Applicable | | |
| Zip | Country | Zip | Zip Country | | 5. Certificate | of Status Desired | S5.00 Ade | ditional | |
| | 6. Name and Address of Current I | Registered Agent | | | 7. Name and | Address of New R | tegistered Agent | | |
| | 10.0.00 | | | Name | | | | | |
| 526 EAST STE. 200 | IG & SEARCH SERVICES, INC PARK AVE. | ; . | Street Address (| | s (P.O. Box Numb | (P.O. Box Number is Not Acceptable) | | | |
| TALLAHAS | SSEE, FL 32302 | | | | | | | | |
| • | | | | City | | | FL Zip Cod | | |
| 8. The above the obligat | named entity submits this statement for tions of registered agent. | the purpose of changing its | registere | ed office or regis | tered agent, or bo | oth, in the State of Flo | orida. I am familiar with, | and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE | : Registered | d Agent signature requ | lred when reinstating) | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | i | Make check payable to Florida Department of State | | | | |
| Fi D | iling Fee is \$50.00 ue by May 1, 2005 | | | | | | | 9 | |
| Fi D | iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE | RS/MANAGERS | 10. | | | | a Department of Stat | e | |
| D. | ue by May 1, 2005 | RS/MANAGERS | 10. IMLE | | | Florida | a Department of Stat | Addition | |
| 9. TITLE NAME | MANAGING MEMBER MGRM JAIN, SULTAN | | _ | • | | Florida | Department of State | | |
| 9. | MANAGING MEMBER | | TITLE NAMI STRE | • | | Florida | Department of State | | |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBER MGRM JAIN, SULTAN 101 MANILA AVENUE | | TITLE NAMI STRE | ET ADDRESS ST-ZIP | | Florida | Department of State | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER MGRM JAIN, SULTAN 101 MANILA AVENUE | □ Delete | TITLE NAMI STRE CITY | ET ADDRESS ST-ZIP | | Florida | a Department of Stat | ☐ Addition | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MANAGING MEMBER MGRM JAIN, SULTAN 101 MANILA AVENUE | □ Delete | TITLE NAMI STRE CITY TITLE NAMI | ET ADDRESS ST-ZIP ET ADDRESS | | Florida | a Department of Stat | ☐ Addition | |
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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.

Can Jain Sultan Jain
TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u>214.953.1</u>0\$1