


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 MAR -1 AM 9:27

DOCUMENT # A02000001257

1. Entity Name
 MAINSTREET 4500 LEEDS, LTD.



Principal Place of Business
 ONE FINANCIAL PLAZA, SUITE 2212
 FORT LAUDERDALE, FL 33394

Mailing Address
 ONE FINANCIAL PLAZA, SUITE 2212
 FORT LAUDERDALE, FL 33394



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192004 Chg-LP CR2E003 (10/03)

4. FEI Number 11-3653408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAINSTREET 4500 LEEDS, INC. ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$7500.00	\$141.25 + \$8.75
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000101109	STREET ADDRESS	
NAME	MAINSTREET 4500 LEEDS, INC.	CITY-ST-ZIP	
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2212		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394		
DOCUMENT #		STREET ADDRESS	300030254153
NAME		CITY-ST-ZIP	03/11/04--01007--004 **150.00
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ Date: 2/16/04 Daytime Phone #: (954) 764-8380

Paul J. Kilgallon