


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 18 AM 8:28

**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



01182005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**11-3653408**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAINSTREET 4500 LEEDS, INC.  
ONE FINANCIAL PLAZA, SUITE 2212  
FORT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

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. *Same*

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000101109 MAINSTREET 4500 LEEDS, INC. ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394	STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	<b>600047473986</b> 03/01/05--01013--022 **308.75
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		CITY-ST-ZIP	

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:** *Paul J. Kilgallon* **Date:** *1/18/05* **Daytime Phone #:** *(954) 764-8380*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE