

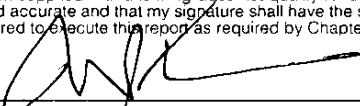


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

MAY 10 AM 10:58 08.75

DOCUMENT # A02000001257				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name MAINSTREET 4500 LEEDS, LTD.					
Principal Place of Business ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394 US		Mailing Address ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394 US			
2. Principal Place of Business - No P.O. Box # 2101 W. Commercial		3. Mailing Address 2101 W. Commercial			
Suite, Apt. #, etc. 1200		Suite, Apt. #, etc. 1200			
City & State Fort Lauderdale FL		City & State Ft. Lauderdale FL		4. FEI Number 11-3653408	
Zip 33309		Zip 33309		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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) 2101 W. Commercial			
		Suite 1200			
		City		Zip Code	
		Fort Lauderdale		FL 33309	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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	2101 W. Commercial Blvd, ste 1200	
NAME	MAINSTREET 4500 LEEDS, INC.		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2212				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
200102724562 05/17/07--01036--015 **508.75					
14. 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 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		Daytime Phone #
			4/27/07		954-717-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE