

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001257



1. Entity Name
MAINSTREET 4500 LEEDS, LTD.

FILED
03 MAR -3 AM 11:36

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

11-3653408

Applied For

Not Applicable

Country Zip Country

5. Certificate of Status Desired



\$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 no change

1/29/03

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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.**

61.25

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	DATE	AMOUNT
200011902382	03/03/03--01080--018	03/03/03	**80.00
200011902382	02/06/03--01022--015	02/06/03	**61.25

M. THOMAS

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: Mainstreet 4500 Leeds, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/29/03 (954) 764-8380
Date Daytime Phone

CR2E003 (10/02)