


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 18 AM 8:34

DOCUMENT # A0300000674					
1. Entity Name MAINSTREET CORRIDORS, LTD.					
Principal Place of Business ONE FINANCIAL PLAZA, STE. 2212 FT LAUDERDALE, FL 33394		Mailing Address ONE FINANCIAL PLAZA, STE. 2212 FT LAUDERDALE, FL 33394			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Applied For		01182005 Chg-LP CR2E003 (10/03)			
Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAINSTREET CORRIDORS, INC. ONE FINANCIAL PLAZA, STE. 2212 FT 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions in FLORIDA to date. <i>same</i>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P03000048396		STREET ADDRESS		
NAME	MAINSTREET CORRIDORS, INC.		CITY-ST-ZIP		
STREET ADDRESS	ONE FINANCIAL PLAZA, STE. 2212				
CITY-ST-ZIP	FT LAUDERDALE, FL 33394				
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STREET ADDRESS					
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: <i>Paul J. Kilgallon</i>			1/18/05 (954) 764-8380		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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