


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 21 AM 11:08

DOCUMENT # A03000000674 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
--	--

DO NOT WRITE IN THIS SPACE

[Handwritten Signature]



01302006 No Chg-LP CR2E003 (11/05)

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

6. Name and Address of Current Registered Agent

MAINSTREET CORRIDORS, INC.
ONE FINANCIAL PLAZA, STE. 2212
FT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	
DOCUMENT #	P03000048396
NAME	MAINSTREET CORRIDORS, INC.
STREET ADDRESS	ONE FINANCIAL PLAZA, STE. 2212
CITY-ST-ZIP	FT LAUDERDALE, FL 33394
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500074180515
05/08/06--01026--009 **667.50

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: *[Handwritten Signature]* Paul J. Kilgallon 4/1/06 Date Daytime Phone #

(954) 764-8380