

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

MAY 10 AM 10:55 508.75

<b>DOCUMENT # A03000001726</b> 1. Entity Name <b>MAINSTREET DCC, LTD.</b>			
Principal Place of Business <b>ONE FINANCIAL PLAZA, STE 2212</b> <b>FORT LAUDERDALE, FL 33394 US</b>		Mailing Address <b>ONE FINANCIAL PLAZA, STE 2212</b> <b>FORT LAUDERDALE, FL 33394 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2101 W. Commercial Blvd</b> Suite, Apt. #, etc. <b>1200</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33309</b>		3. Mailing Address <b>2101 W. Commercial Blvd</b> Suite, Apt. #, etc. <b>1200</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33309</b>	
4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAINSTREET DCC, INC.</b> <b>ONE FINANCIAL PLAZA, STE 2212</b> <b>FORT LAUDERDALE, FL 33394</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2101 W. Commercial Blvd.</b> <b>Suite 1200</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>			
<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>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P03000148462 <b>MAINSTREET DCC, INC.</b> <b>ONE FINANCIAL PLAZA, STE 2212</b> <b>FORT LAUDERDALE, FL 33394</b>	STREET ADDRESS CITY-ST-ZIP	<b>2101 W. Commercial Blvd., Ste 1200</b> <b>Fort Lauderdale FL 33309</b>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <b>4/27/07</b> Daytime Phone <b>954-717-9066</b>	

STAPLE CHECK HERE