


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -3 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A0500002207	
1. Entity Name MAINSTREET CF, LTD.	

Principal Place of Business ONE FINANCIAL PLAZA, SUITE 102 FORT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA, SUITE 102 FORT LAUDERDALE, FL 33394
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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6. Name and Address of Current Registered Agent MAINSTREET CF INC ONE FINANCIAL PLAZA, SUITE 102 FORT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000162554 MAINSTREET CF, INC. ONE FINANCIAL PLAZA, SUITE 102 FORT LAUDERDALE, FL 33394	STREET ADDRESS	
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K. Eckel MAY 10 2006

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:  **Paul J. Kilgallon** 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(954) 764-8380

STAPLE CHECK HERE