

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


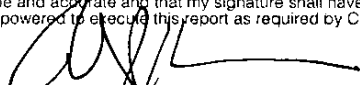
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2007 MAY 10 AM 10:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



02082007 Chg-LP CR2E003 (12/06)

DOCUMENT # A06000000687			
1. Entity Name MAINSTREET COMPASS, LTD.			
Principal Place of Business ONE FINANCIAL PLAZA, STE. 102 FORT LAUDERDALE, FL 33394		Mailing Address ONE FINANCIAL PLAZA, STE. 102 FORT LAUDERDALE, FL 33394	
2. Principal Place of Business - No P.O. Box # 2101 W. Commercial Blvd.		3. Mailing Address 2101 W. Commercial Blvd.	
Suite, Apt. #, etc. 1200		Suite, Apt. #, etc. 1200	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33309		Zip 33309	
Country		Country	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 COMPASS, INC. ONE FINANCIAL PLAZA, STE. 102 FORT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd. Suite 1200 City Fort Lauderdale FL Zip Code 33309	
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 _____	
<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>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P06000071458	NAME MAINSTREET COMPASS, INC.	STREET ADDRESS 2101 W. Commercial Blvd., Ste 1200	
STREET ADDRESS ONE FINANCIAL PLAZA, STE. 102		CITY-ST-ZIP Fort Lauderdale FL 33309	
CITY-ST-ZIP FORT LAUDERDALE, FL 33394			
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CITY-ST-ZIP			
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: 		Date: 4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #: 954-717-9066	

STAPLE CHECK HERE