

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010527

FILED
Apr 27, 2007
Secretary of State

Entity Name: MAIN STREET RESIDENTIAL DEVELOPMENT, LLC

Current Principal Place of Business:

372 LENELL RD
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

3301 BONITA BEACH RD
307
BONITA SPRINGS, FL 34134

Current Mailing Address:

372 LENELL RD
FT. MYERS BEACH, FL 33931

New Mailing Address:

3301 BONITA BEACH RD
307
BONITA SPRINGS, FL 34134

FEI Number: 20-0726853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, CHARLES M JR.
2390 TAMIAMI TRAIL NORTH
SUITE 204
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELW INVESTMENT INC.,
Address: P.O. BOX 2630
City-St-Zip: WESTPORT, CT 06880

Title: MGRM () Delete
Name: REALCO SARASOTA PATN, ERS I, LLC
Address: 372 LENELL RD.
City-St-Zip: FT, MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: REALCO SARASOTA PATN, ERS I, LLC
Address: 3301 BONITA BEACH RD SUITE 307
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAWRENCE L PEARCE

MGR

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date