

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State


03-24-2005 90205 011 ****50.00

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DOCUMENT # L04000026442

1. Entity Name
 921 NORTH MAIN STREET LLC



Principal Place of Business: 507 PALMER STREET, ORLANDO, FL 32801
 Mailing Address: 507 PALMER STREET, ORLANDO, FL 32801

2. Principal Place of Business: 1402 Green Cove Road
 Suite, Apt. #, etc.

3. Mailing Address: 717 East Oak Street
 Suite, Apt. #, etc.

City & State: Winter Park, FL
 City & State: Kissimmee, FL

Zip: 32789, Country: US
 Zip: 34744, Country: US

03082005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0978162
 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVIN, MITCHELL L
 507 PALMER STREET
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable): 1402 Green Cove Road
 City: Winter Park, FL, Zip Code: 32789

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: _____ Date: 3/24/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE