

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90038 046 ****50.00

DOCUMENT # L04000026442

1. Entity Name
921 NORTH MAIN STREET LLC



Principal Place of Business
1402 GREEN COVE RD
WINTER PARK, FL 32789

Mailing Address
717 E OAK ST
KISSIMMEE, FL 34744

20030655



03302006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0978162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, MITCHELL L
1402 GREEN COVE RD
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, MITCHELL L 1402 GREEN COVE RD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNYE-LEVIN, SWANTJE 1402 GREEN COVE RD WINTER PARK, FL 32789
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**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

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

4/12/06

Date

407 922 4689

Daytime Phone #