

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Feb 13, 2007  
Secretary of State

DOCUMENT# M05000004219

Entity Name: MAINSTREAM HOLDINGS, LLC

**Current Principal Place of Business:**

580 VILLAGE BOULEVARD  
SUITE 110  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

580 VILLAGE BOULEVARD  
SUITE 110  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 56-2488410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI, FL 33131 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: CPCE ( ) Delete  
Name: COTSAKOS, CHRISTOS M  
Address: 580 VILLAGE BOULEVARD, SUITE 110  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: V/C ( ) Delete  
Name: COTSAKOS, HANNAH (TAMI) B  
Address: 580 VILLAGE BOULEVARD, SUITE 110  
City-St-Zip: WEST PALAM BEACH, FL 33409 US

Title: V/P ( ) Delete  
Name: COTSAKOS, SUZANNE R  
Address: 580 VILLAGE BOULEVARD, SUITE 110  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: CFO ( ) Delete  
Name: LEGATES, JAMES  
Address: 580 VILLAGE BOULEVARD, SUITE 100  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: V/P ( ) Delete  
Name: PIERACCI, LAURA G  
Address: 580 VILLAGE BOULEVARD, SUITE 110  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: S ( ) Delete  
Name: CHENEY, GEOFFREY C  
Address: 580 VILLAGE BOULEVARD, SUITE 100  
City-St-Zip: WEST PALM BEACH, FL 33409 US

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA PIERACCI

V/P

02/13/2007

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