

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004219

FILED
Feb 13, 2007
Secretary of State

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 PALM 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
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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