2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A01000001651** 2007 MAY 10 AM 10: 56 1. Entity Name MAINSTREET RESOURCE SQUARE, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA **SUITE 2212 SUITE 2212** FT. LAUDERDALE, FL 33394 FT. LAUDERDALE, FL 33394 Principal Place of Business - No P.O Box# 3. Mailing Address 2101 W Connercial 02082007 Chg-LP CR2E003 (12/06) 1300 4 FEI Number Applied For "auderdal FI 01-0650663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KILGALLONE, PAUL J Street Address (P.O. Box Number SNot Acceptable) ONE FINANCIAL PLAZA **SUITE 2212** FT. LAUDERDALE, FL 33304 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. P01000119776 DOCUMENT # STREET ADDRESS NAME MAINSTREET RESOURCE SQUARE, INC. STREET ADDRESS ONE FINANCIAL PLAZA CITY-ST-7IP FT. LAUDERDALE, FL 33394 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-2IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 05/17/07--01036--005 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL FARTNER