

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082007 Chg-LP CR2E003 (12/06)

DOCUMENT # A02000001049	
1. Entity Name MAINSTREET WESTLAKE, LTD.	



Principal Place of Business ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394
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2. Principal Place of Business - No P.O. Box # 2101 W. Commercial Suite, Apt. #, etc. 1200 City & State Fort Lauderdale, FL Zip 33309	3. Mailing Address 2101 W. Commercial Suite, Apt. #, etc. 1200 City & State Fort Lauderdale, FL Zip 33309
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6. Name and Address of Current Registered Agent MAINSTREET WESTLAKE, INC. ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Suite 1200 City Fort Lauderdale FL Zip Code 33309	
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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.

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000083583 MAINSTREET WESTLAKE, INC. ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394	STREET ADDRESS CITY-ST-ZIP	2101 W. Commercial #1200 Fort Lauderdale, FL 33309
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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 PARTNER

4/27/07 954-717-9066
Date Daytime Phone

STAPLE CHECK HERE