

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 # A03000000674	
1. Entity Name MAINSTREET CORRIDORS, LTD.	



Principal Place of Business ONE FINANCIAL PLAZA, STE. 2212 FT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA, STE. 2212 FT LAUDERDALE, FL 33394
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2. Principal Place of Business - No P.O. Box # 2101 W. Commercial Blvd		3. Mailing Address 2101 W Commercial Blvd	
Suite, Apt. #, etc. 1200		Suite, Apt. #, etc. 1200	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33309	Country	Zip 33309	Country

6. Name and Address of Current Registered Agent MAINSTREET CORRIDORS, INC. ONE FINANCIAL PLAZA, STE. 2212 FT LAUDERDALE, FL 33394	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	2101 W. Commercial Blvd.
	Suite 1200
City	Fort Lauderdale FL
Zip Code	33309

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 #	P03000048396	STREET ADDRESS	2101 W. Commercial Blvd, Ste. 1200
NAME	MAINSTREET CORRIDORS, INC.	CITY-ST-ZIP	Fort Lauderdale FL 33309
STREET ADDRESS	ONE FINANCIAL PLAZA, STE. 2212		
CITY-ST-ZIP	FT LAUDERDALE, FL 33394		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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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: _____ 4/27/07 954-717-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time/Phone #

STAPLE CHECK HERE