

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000000919

1. Entity Name

MAINSTREET LAKESIDE INVESTMENTS, 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

DO NOT WRITE IN THIS SPACE



01302006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAINSTREET LAKESIDE INVESTMENTS, INC.
ONE FINANCIAL PLAZA, STE 2212
FT LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

500076639955
06/27/06--01037--001 **2002.50

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

DOCUMENT # P03000068817
NAME MAINSTREET LAKESIDE INVESTMENTS, INC.
STREET ADDRESS ONE FINANCIAL PLAZA, STE 2212
CITY-ST-ZIP FT LAUDERDALE, FL 33394

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Paul J. Kilgallon

4/1/06

(954) 764-8380

STAPLE CHECK HERE

APPROVED
AND
FILED

06 JUN 15 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

256