

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:55 08.75

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02082007 Chg-LP CR2E003 (12/06)

DOCUMENT # A03000000919

1. Entity Name
 MAINSTREET LAKESIDE INVESTMENTS, LTD.



Principal Place of Business
 ONE FINANCIAL PLAZA, STE 2212
 FT LAUDERDALE, FL 33394 US

Mailing Address
 ONE FINANCIAL PLAZA, STE 2212
 FT LAUDERDALE, FL 33394 US

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

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)
 2101 W. Commercial Blvd.

Ste. 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

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS 2101 W. Commercial Blvd., Ste. 1200
 CITY-ST-ZIP Fort Lauderdale FL 33309

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STREET ADDRESS
 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 PARTNER

4/27/07

954-717-9060

Date

Daytime Phone #

STAPLE CHECK HERE