



**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 18 AM 8:34

DOCUMENT # A03000001726				
1. Entity Name MAINSTREET DCC, LTD.				
Principal Place of Business ONE FINANCIAL PLAZA, STE 2212 FORT LAUDERDALE, FL 33394		Mailing Address ONE FINANCIAL PLAZA, STE 2212 FORT LAUDERDALE, FL 33394		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR
				Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MAINSTREET DCC, INC. ONE FINANCIAL PLAZA, STE 2212 FORT LAUDERDALE, FL 33394			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
		Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				
9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions in FLORIDA to date. <i>Same</i>		
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 #	P03000148462		STREET ADDRESS	
NAME	MAINSTREET DCC, INC.		CITY-ST-ZIP	
STREET ADDRESS	ONE FINANCIAL PLAZA, STE 2212			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394			
DOCUMENT #			STREET ADDRESS	
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STREET ADDRESS				
CITY-ST-ZIP				
 01182005 Chg-LP CR2E003 (10/03)				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			Date: 1/18/05 (954) 764-8380	
Paul J. Kilgallon			Daytime Phone #	

STAPLE CHECK HERE