

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 10 AM 9:27

**DOCUMENT # A05000000105**

1. Entity Name  
 MAINSTREET PB LAKES, 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006

Chg-LP

CR2E003 (11/05)

4. FEI Number

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 PB LAKES, INC.  
 ONE FINANCIAL PLAZA, SUITE 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

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**

**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 # P05000004764  
 NAME MAINSTREET PB LAKES, INC.  
 STREET ADDRESS ONE FINANCIAL PLAZA, SUITE 2212  
 CITY-ST-ZIP FORT LAUDERDALE, FL 33394

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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

Paul J. Kilgallon

Date

Daytime Phone #

4/1/06

(954) 764-8380

STAPLE CHECK HERE