


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

**FILED**

**06 MAY -3 AM 10:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # A05000002207</b>	
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1. Entity Name  
**MAINSTREET CF, LTD.**

Principal Place of Business <b>ONE FINANCIAL PLAZA, SUITE 102  FORT LAUDERDALE, FL 33394</b>	Mailing Address <b>ONE FINANCIAL PLAZA, SUITE 102  FORT LAUDERDALE, FL 33394</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04062006 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

**MAINSTREET CF INC  
ONE FINANCIAL PLAZA, SUITE 102  
FORT LAUDERDALE, FL 33394**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

DOCUMENT #	<b>P05000162554</b>
NAME	<b>MAINSTREET CF, INC.</b>
STREET ADDRESS	<b>ONE FINANCIAL PLAZA, SUITE 102</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33394</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	<b>500076070265</b>
	<b>06/12/06-01021-002 **667.50</b>

DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

**K. Eckel MAY 10 2006**

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** 4/1/06  
Date Daytime Phone #

**(954) 764-8380**

STAPLE CHECK HERE