

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082007 Chg-LP CR2E003 (12/06)

4. FEI Number
APPLIED FOR ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DOCUMENT # A05000002207
1. Entity Name
MAINSTREET CF, LTD.



Principal Place of Business
**ONE FINANCIAL PLAZA, SUITE 102
FORT LAUDERDALE, FL 33394**

Mailing Address
**ONE FINANCIAL PLAZA, SUITE 102
FORT LAUDERDALE, FL 33394**

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

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)
2101 W. Commercial Blvd.

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

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 #	P05000162554	STREET ADDRESS	2101 W. Commercial Blvd., Ste 1200
NAME	MAINSTREET CF, INC.	CITY-ST-ZIP	Fort Lauderdale FL 33309
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 102		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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: _____ **4/27/07** **954-717-9066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE