## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

## FILED DOCUMENT # A06000000021 2007 MAY 10, AM 10: 56 MAINSTREET CRYSTAL/2101, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailino Address ONE FINANCIAL PLAZA, SUITE 2212 ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 3. Mailing Address 2101 W. Commercial Blyd 2. Principal Place of Business - No P.O. Box # 2101 W. Commercia Blvo Suite, Apt. #, etc. Suite, Apt. #, etc 02082007 CR2E003 (12/06) 1200 X Applied For City & State 4. FEI Number - Lauderdal auderdale Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAINSTREET CRYSTAL/2101, INC. reet Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394 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, 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 ADDRESS CHANGES ONLY 13. P06000000889 DOCUMENT # STREET ADDRESS NAME MAINSTREET CRYSTAL/2101, INC. STREET ADDRESS ONE FINANCIAL PLAZA, SUITE 2212 CITY-ST-7IP FORT LAUDERDALE, FL 33394 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 1001027243 05/17/07--01036--011 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 the 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 seport as required by Chapter 620, Florida Statutes 27/07 954-717-9066 SIGNATURE: SIGNATURE AND TYPED OR RINTED NAME OF SIGNING GENERAL PARTNER Daytme Phone #