

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:55:75

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A06000000387
 1. Entity Name
 MAINSTREET CYPRESS, 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
 Suite, Apt. #, etc.: Suite 1200
 City & State: Fort Lauderdale FL
 Zip: 33309 Country: [blank]

3. Mailing Address: 2101 W. Commercial Blvd.
 Suite, Apt. #, etc.: 1200
 City & State: Fort Lauderdale FL
 Zip: 33309 Country: [blank]

02082007 Chg-LP CR2E003 (12/06)

4. FEI Number [blank] Applied For Not Applicable

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

6. Name and Address of Current Registered Agent: MAINSTREET CYPRESS, INC. ONE FINANCIAL PLAZA, SUITE 102 FORT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent:
 Name: [blank]
 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 #	P06000038263	STREET ADDRESS	2101 W. Commercial Blvd., Ste. 1200
NAME	MAINSTREET CYPRESS, 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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DOCUMENT #		STREET ADDRESS	600102724376
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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] 4/27/07 954-717-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE