

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000000687	
1. Entity Name MAINSTREET COMPASS, LTD.	



Principal Place of Business ONE FINANCIAL PLAZA, STE. 102 FORT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA, STE. 102 FORT LAUDERDALE, FL 33394
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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	Zip 33309
Country	Country



02082007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAINSTREET COMPASS, INC. ONE FINANCIAL PLAZA, STE. 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
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P06000071458 MAINSTREET COMPASS, INC. ONE FINANCIAL PLAZA, STE. 102 FORT LAUDERDALE, FL 33394	STREET ADDRESS CITY-ST-ZIP	2101 W. Commercial Blvd., Ste 1200 Fort Lauderdale FL 33309
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400102724214 05/17/07--01036--009 **508.75
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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