

**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  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MAINSTREET TCC, INC.  
ONE FINANCIAL PLAZA SUITE 102  
FT. LAUDERDALE, FL 33394

Name  
Street Address (P.O. Box Numbers Not Acceptable)  
2101 W. Commercial  
Suite 1200  
City Fort Lauderdale FL 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 \_\_\_\_\_

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**

DOCUMENT #  
NAME MAINSTREET TCC, INC.  
STREET ADDRESS ONE FINANCIAL PLAZA SUITE 102  
CITY-ST-ZIP FT. LAUDERDALE, FL 33394

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS 2101 W. Commercial #1200  
CITY-ST-ZIP Fort Lauderdale FL 33309

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

800102723938  
05/17/07--01036--006 \*\*508.75

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

4/27/07

Date

954-717-9066

Daytime Phone

STAPLE CHECK HERE