

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001080

1. Entity Name
MAINSTREET PARK/CYPRESS, LTD.



Principal Place of Business
ONE FINANCIAL PLAZA
SUITE 102
FT. LAUDERDALE, FL 33394

Mailing Address
ONE FINANCIAL PLAZA
SUITE 102
FT. LAUDERDALE, FL 33394



02082007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #
2101 W. Commercial

3. Mailing Address
2101 W. Commercial

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

Zip
33309

Country

Zip
33309

Country

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

MAINSTREET PARK/CYPRESS INC.
ONE FINANCIAL PLAZA
SUITE 102
FT. LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2101 W. Commercial

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

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 # P06000117278
NAME MAINSTREET PARK/CYPRESS, LTD.
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP FT. LAUDERDALE, FL 33394

13. ADDRESS CHANGES ONLY

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

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/07

954-717-9046

Date

Daytime Phone #

STAPLE CHECK HERE