2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A23934 **DOCUMENT #**

1. Entity Name MAIN STREET, LTD.



Principal Place of Business 4890 W. KENNEDY BLVD., 37E. 850

Mailing Address 4890 W. KENNEDY BLVD., STE. 850-

FILED 03 MAY -6 PM 8: 53 SECRETARY OF STATE TALLAHASSEE FLORIDA

TAMPA FL 336	509-1863		TAMPA FL 33609-1863				
2. Principal Place of Business			3. Mailing Address				1871 BIBIY BIBIH BIBIY BIBIY BIBIY ISBIY ISBIY
Suite, Apt.	#, etc.	VITE 920	Suite, Apt. #, etc Suite 920			DUE BY MAY 1, 2003	
City & Stat			City & State			4. FEI Number 59-2761634	Applied For Not Applicable
Zip		Country	Zip Cou			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						7. Name and Address of New Register	red Agent
BRAY, JACK H				1 Ctroot Address		F & L. Corp.	24-
		SLVD. , STE. 850 -	•	. Suee		The Greenleaf Building	720
tampa fi	_ 33609-186	33			200 Laura Street		
					City	Jacksonville, FL 32202-351	0 ode
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 obligati	ions of regist	ered agent.	F&L Corp)			
SIGNATURE -	RUNG	/e	By: R.J. V	Volte, V.	P. 4/28/03	.•	Į
Signature, typed or printed name of registered agent and title if applicable.						/	TE
9. Capital Contributions as Shown on record. \$866,000.00 10. Amount of Capital C in FLORIDA to date.					832 649 SEE REVERSE SIDE FOR FEE INFORMATION		
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.	13. ADDRESS CHANGES ONLY		
DOCUMENT #	J47194			STREET	ADDRESS	Surte 920	
NAME	PRICHLAND PROPERTIES, INC DDRESS 4890 W. KENNEDY BLVD., STE. 850				<u> </u>	20116 120	
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33609-1863			CITY-ST	r-ZiP		CR2E003 (10/02)
DOCUMENT # NAME				STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	T-ZIP			
DOCUMENT # NAME			•	STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-ST	T-ZIP	300018311453	
DOCUMENT # NAME				STREET	ADDRESS	05/06/0301125012	**535,00
STREET ADDRESS CITY-ST-ZIP	<u> </u>			CITY-S1	r-ZiP	<u> </u>	
DOCUMENT# .				STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		<u> </u>	City-St	-ZIP		
)CUMENT # 4E				STREET	ADDRESS		
T ADDRESS		·		CITY-ST	- ZiP	,	

nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information licated 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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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