


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A32435</b> 1. Entity Name <b>MAIN STREET MORTGAGE COMPANY, LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>100 SECOND AVENUE SOUTH, SUITE 200 N          ST. PETERSBURG, FL 33701</b>			Mailing Address <b>100 SECOND AVENUE SOUTH, SUITE 200 N          ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>13-3640250</b>	
5. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # <b>P36747</b> NAME <b>MSMC, INC.</b> STREET ADDRESS <b>85 BROAD STREET</b> CITY-ST-ZIP <b>NEW YORK, NY</b>				STREET ADDRESS CITY-ST-ZIP	
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14. I hereby 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date <b>2/4/04</b> <small>Daytime Phone #</small>	

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