

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001671		
1. Entity Name MAINSTREET ONE FINANCIAL PLAZA, LTD.		

Principal Place of Business ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01192004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0962461	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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KILGALLON, PAUL J 100 S.E. 3RD AVENUE, SUITE 2212 FORT LAUDERDALE, FL 33394	Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$12,639,900.00	10. Amount of Capital Contributions in FLORIDA to date. \$12,639,900.00	\$526.25 + \$8.75 =
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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. \$535.00

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000089823 MAINSTREET ONE FINANCIAL PLAZA INC ONE FINANCIAL PLAZA, SUITE 2212 FORT LAUDERDALE, FL 33394 ✓	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000102522 CK ONE FINANCIAL PLAZA, INC. 1840 N. COMMERCE PKWY, STE 3 WESTON, FL ✓	STREET ADDRESS CITY - ST - ZIP	U00000090448 03/17/04 88019 886 535.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F96000003355 FLORIDA OFFICE CORP. ONE CHASE MANHATTAN PLAZA NEW YORK, NY 10005 ✓	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)(f), 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	Date	Daytime Phone #
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Paul J. Kilgallon

2/16/04 (954) 764-8380

STAPLE CHECK HERE