


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001671</b>			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  KILGALLON, PAUL J 100 S.E. 3RD AVENUE, SUITE 2212 FORT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
9. Capital Contributions as Shown on record. <b>\$12,639,900.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>same</b>	
		<b>526.25</b>	
<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 #	P99000089823	STREET ADDRESS	
NAME	MAINSTREET ONE FINANCIAL PLAZA INC	CITY-ST-ZIP	
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2212		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394		
DOCUMENT #	P99000102522	STREET ADDRESS	
NAME	CK ONE FINANCIAL PLAZA, INC.	CITY-ST-ZIP	
STREET ADDRESS	1840 N. COMMERCE PKWY, STE 3		
CITY-ST-ZIP	WESTON, FL		
DOCUMENT #	F96000003355	STREET ADDRESS	
NAME	FLORIDA OFFICE CORP.	CITY-ST-ZIP	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA		
CITY-ST-ZIP	NEW YORK, NY 10005		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Date: 1/18/05 (954) 764-8380	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Paul J. Kilgallon		Daytime Phone #	

STAPLE CHECK HERE



01182005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0962461** Applied For  
Not Applicable

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

**VOID**  
01/26/05 00001-000 526.25

**VOID**  
02/08/05-80054-001 535.00