

2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -8 AM 8:06

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
12292006 REIN-LP	CR2E100 (11/05)
4. FEI Number 65-0962461	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

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
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8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____

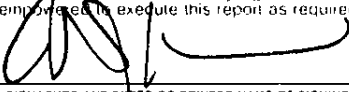
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00 After January 1, 2007, Fee will be \$2000.00	300084142913 01/12/07--01009--001 **2008.75
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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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
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	599 N.W. 82 nd Avenue
NAME	CK ONE FINANCIAL PLAZA, INC.	CITY ST ZIP	Plantation, FL 33324
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 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:  Paul J. Kilgallon 1/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

(0511) 711 8350