

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



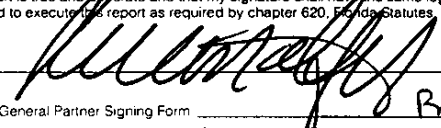
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E039 (1/07)

 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>REINSTATEMENT</b>	
DOCUMENT # L01000009800	
Mainstreet at Bradenton, LLC	
2. Principal Office Address - No P.O. Box # 6000 LAKE FORREST DR., SUITE 560	3. Mailing Office Address 6000 LAKE FORREST DR., SUITE 560
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30328	Country USA
Zip 30328	Country USA
4. Date Formed or Registered To Do Business in Florida 2001	
5. FEI Number 020559956	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent	
Name <b>VOGUE ASHTON PLLC</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1771 MANATEE AVE. W</b>	
Suite, Apt. #, Etc.	
City <b>BRADENTON</b>	State <b>FL</b>
Zip Code <b>34205</b>	
9. 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 (Registered Agent Accepting Appointment)  (REGISTERED AGENT MUST SIGN) DATE <b>4-9-08</b>	
10. <b>MGRN</b>	Address of Each General Partner (Do NOT Use Post Office Box Numbers)
HATFIELD, ROBERT N	6000 LAKE FORREST DR., SUITE 560
ATLANTA GA 30328	
10a. Registration Document Number	
<b>REINSTATEMENT 05-08</b>	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.	
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.	
SIGNATURE  DATE <b>4/19/08</b>	
Typed or Printed Name of General Partner Signing Form <b>Robert Hatfield</b> Telephone Number <b>(404) 943-0100</b>	