

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005335

Entity Name: MAIN STREET LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

333 W. MAIN STREET
APOPKA, FL 32712

New Principal Place of Business:

316 S. CENTRAL AVE.
APOPKA, FL 32703

Current Mailing Address:

333 W. MAIN STREET
APOPKA, FL 32712

New Mailing Address:

316 S. CENTRAL AVE.
APOPKA, FL 32703

FEI Number: 02-0593188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLAN, MARK E
333 W. MAIN STREET
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

BOYLAN, MARK E
316 S. CENTRAL AVE.
APOPKA, FL 32703 US

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.

SIGNATURE: MARK E. BOYLAN

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAIN STREET LLC,
Address: 333 WEST MAIN ST
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: BOYLAN, TERESA
Address: 4554 MEADOWLAND DR
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAIN STREET LLC,
Address: 316 S. CENTRAL AVE.
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK E. BOYLAN

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date