

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033246

FILED
Jul 02, 2004
Secretary of State

Entity Name: MAIN STREET STATION, L.L.C.

Current Principal Place of Business:

6464 BUHRLEY TERRACE NORTH
ST. PETERSBURG, FL 337142245

New Principal Place of Business:

6964 BUHRLEY TERRACE NORTH
ST. PETERSBURG, FL 337091428

Current Mailing Address:

6464 BUHRLEY TERRACE NORTH
ST. PETERSBURG, FL 337142245

New Mailing Address:

6964 BUHRLEY TERRACE NORTH
ST. PETERSBURG, FL 337091428

FEI Number: 65-1204425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, KATHLEEN A
6464 BUHRLEY TERRACE NORTH
ST. PETERSBURG, FL 337142245

Name and Address of New Registered Agent:

HOWARD, KATHLEEN A
6964 BUHRLEY TERRACE NORTH
ST. PETERSBURG, FL 337091428

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:

07/02/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HOWARD, WILLIAM L PRES.
Address: 6964 BUHRLEY TER. N.
City-St-Zip: ST. PETE., FL 337091428

Title: MGR () Change (X) Addition
Name: HOWARD, KATHLEEN A V.PRES.
Address: 6964 BUHRLEY TER. N.
City-St-Zip: ST. PETE., FL 337091428

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN A. HOWARD

V. P

07/02/2004

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