

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038970

1. Entity Name
MAINSTREET CLEARWATER DEVELOPMENT, LLC



Principal Place of Business
**206 SOUTH BRAND BOULEVARD
GLENDALE, CA 91204**

Mailing Address
**206 SOUTH BRAND BOULEVARD
GLENDALE, CA 91204**



03162006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0295252

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVELLINI, PETER A
911 CHESTNUT STREET
CLEARWATER, FL 33758**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BURKE, KEVIN
STREET ADDRESS	206 SOUTH BRAND BOULEVARD
CITY-ST-ZIP	GLENDALE, CA 91204
TITLE	MGRM
NAME	SANTOS, ROBERTO
STREET ADDRESS	206 SOUTH BRAND BOULEVARD
CITY-ST-ZIP	GLENDALE, CA 91204
TITLE	MGRM
NAME	JAFIF, ELIAS
STREET ADDRESS	206 SOUTH BRAND BOULEVARD
CITY-ST-ZIP	GLENDALE, CA 91204
TITLE	MGRM
NAME	SALAME, MARCOS
STREET ADDRESS	206 SOUTH BRAND BOULEVARD
CITY-ST-ZIP	GLENDALE, CA 91204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-22-06

Date

818 247-1007

Daytime Phone #