


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044210 1. Entity Name KISSIMMEE MAIN STREET REALTY, LLC	
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Principal Place of Business 861 W. MORSE BLVD., SUITE 250 WINTER PARK, FL 32789	Mailing Address 861 W. MORSE BLVD., SUITE 250 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-5266335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, DON L ESQ. 533 VERSAILES DRIVE MAITLAND, FL 32751
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOGUL, MAX A 861 W. MORSE BLVD., SUITE 250 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENE, SHELDON 861 W MORSE BLVD, STE 250 WINTER PARK, FL 32789
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02/26/07-80004-007 50.00

**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: Sheldon Greene SHELDON GREENE 01/05/07 407 647 5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #