


**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90343 016 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000056920</b>					
<b>1. Entity Name</b> MAINSTREAM PARTNERS I, LLC					
<b>Principal Place of Business</b> BANK OF AMERICA TOWER ONE PROGRESS PLAZA, SUITE 820 ST. PETERSBURG, FL 33701			<b>Mailing Address</b> BANK OF AMERICA TOWER ONE PROGRESS PLAZA, SUITE 820 ST. PETERSBURG, FL 33701		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0729455	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FERNANDEZ, ANTONIO BANK OF AMERICA TOWER ONE PROGRESS PLAZA, SUITE 820 ST. PETERSBURG, FL 33701			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, ANTONIO BANK OF AMERICA TOWER, 1 PROGRESS PLZ, #820 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> _____		Antonio Fernandez		2/9/04 (727) 898-0015	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	