

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90373 037 \*\*\*\*50.00

20050003



<b>DOCUMENT # L03000056920</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>BANK OF AMERICA TOWER</b> Suite/Apt. #, etc. <b>ONE PROGRESS PLAZA, SUITE 2200</b>		3. Mailing Address <b>PO BOX 531</b> Suite/Apt. #, etc. 																									
City/State <b>St. Petersburg, Florida</b>		City/State <b>St. Petersburg, Florida</b>																									
Zip <b>33701</b>		Zip <b>33731</b>																									
Country 		Country 																									
4. FEI Number <b>20-0729455</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																									
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 Name <b>ANTONIO FERNANDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>BANK OF AMERICA TOWER</b> <b>ONE PROGRESS PLAZA, SUITE 2200</b> City <b>St. Petersburg</b> FL Zip Code <b>33701</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. SIGNATURE <b>ANTONIO FERNANDEZ, MGR.</b> DATE <b>1/26/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FERNANDEZ, ANTONIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BANK OF AMERICA TOWER, 1 PROGRESS PLZ, #2200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 33701</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	FERNANDEZ, ANTONIO		STREET ADDRESS	BANK OF AMERICA TOWER, 1 PROGRESS PLZ, #2200		CITY-ST-ZIP	ST. PETERSBURG, FL 33701		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ANTONIO FERNANDEZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BANK OF AMERICA TOWER, ONE PROGRESS PLAZA #2200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 33701</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ANTONIO FERNANDEZ		STREET ADDRESS	BANK OF AMERICA TOWER, ONE PROGRESS PLAZA #2200		CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	MGR	<input type="checkbox"/> Delete																									
NAME	FERNANDEZ, ANTONIO																										
STREET ADDRESS	BANK OF AMERICA TOWER, 1 PROGRESS PLZ, #2200																										
CITY-ST-ZIP	ST. PETERSBURG, FL 33701																										
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	ANTONIO FERNANDEZ																										
STREET ADDRESS	BANK OF AMERICA TOWER, ONE PROGRESS PLAZA #2200																										
CITY-ST-ZIP	ST. PETERSBURG, FL 33701																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
STREET ADDRESS																											
CITY-ST-ZIP																											
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. SIGNATURE: <b>ANTONIO FERNANDEZ, MGR.</b> DATE <b>1/26/05</b> (727) 898-0015 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											