

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010527

FILED
Jan 25, 2006
Secretary of State

Entity Name: MAIN STREET RESIDENTIAL DEVELOPMENT, LLC

Current Principal Place of Business:

P.O. BOX 2630
WESTPORT, CT 06880

New Principal Place of Business:

372 LENELL RD
FT. MYERS BEACH, FL 33931

Current Mailing Address:

P.O. BOX 2630
WESTPORT, CT 06880

New Mailing Address:

372 LENELL RD
FT. MYERS BEACH, FL 33931

FEI Number: 20-0726853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, CHARLES M JR.
2640 GOLDEN GATE PARKWAY, SUITE 305
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

KELLY, CHARLES M JR.
2390 TAMiami TRAIL NORTH
SUITE 204
NAPLES, FL 34103 US

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:

01/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVID, ELWOOD B
Address: P.O. BOX 2630
City-St-Zip: WESTPORT, CT 06880

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELW INVESTMENT INC.,
Address: P.O. BOX 2630
City-St-Zip: WESTPORT, CT 06880

Title: MGRM () Change (X) Addition
Name: REALCO SARASOTA PATN, ERS I, LLC
Address: 372 LENELL RD.
City-St-Zip: FT, MYERS BEACH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LAWRENCE L. PEARCE

MGRM

01/25/2006

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