2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000047008

1. Entity Name

MAIN STREET MARKETING OF PALM BEACH, LLC



FILED Apr 17, 2007 08:00 A Secretary of State

Principal Place of Business

630 MAPLEWOOD DRIVE

JUPITER, FL 33458

Mailing Address

630 MAPLEWOOD DRIVE

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JUPITER, FL 33458



04142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1289385

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, WILLIAM E 630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458

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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, 2007 U00000713102 04/26/07-80074-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOMON, J C II 630 MAPLEWOOD DRIVE #100 JUPITER, FL 33458
TIFLE NAME STREET ADDRESS CIFY-ST-ZIP	MGRM GRAZIOTTO, RAYMOND E 19651 N RIVERSIE DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTWELL, CHRISTOPHER M 630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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