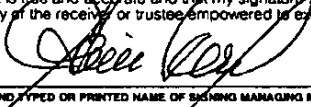


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5 Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90065 013 ****50.00

DOCUMENT # L05000010102			
1. Entity Name MAINSTREAM PARTNERS IV, LLC			
Principal Place of Business BANK OF AMERICA ONE PROGRESS PLAZA SUITE 820 ST PETERSBURG, FL 33701		Mailing Address BANK OF AMERICA ONE PROGRESS PLAZA SUITE 820 ST PETERSBURG, FL 33701	
2. Principal Place of Business One Progress Plaza Suite, Apt. #, etc. Suite 2200 City & State St. Petersburg		3. Mailing Address PO Box 531 Suite, Apt. #, etc. City & State St. Petersburg	
Zip 33701	Country USA	Zip 33731	Country USA
4. FEL Number 20-2425103		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, ANTONIO BANK OF AMERICA ONE PROGRESS PLAZA SUITE 820 ST PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) One Progress Plaza Suite 2200 City St. Petersburg FL Zip Code 33701	
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 state if applicable. (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, ANTONIO ONE PROGRESS PLAZA SUITE 820 ST PETERSBURG, FL 33701 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	One Progress Plaza, suite 2200 St. Petersburg, FL 33701 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 4/22/06 (727) 898-0015	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30009399



04242006 Chg-LLC CR2E083 (11/05)