

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086094

FILED
Apr 07, 2009
Secretary of State

Entity Name: FINERGY MAIN STREET, LLC

Current Principal Place of Business:

205 N ORANGE AVENUE
SUITE 2N
SARASOTA, FL 34236

New Principal Place of Business:

2170 MAIN STREET
SUITE 401
SARASOTA, FL 34237

Current Mailing Address:

205 N ORANGE AVENUE
SUITE 2N
SARASOTA, FL 34236

New Mailing Address:

2170 MAIN STREET
SUITE 401
SARASOTA, FL 34237

FEI Number: 20-3453705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, E. JOHN II
200 S. ORANGE AVE.
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GAGLIARDI, INNOCENZO
Address: 205 N ORANGE AVENUE, SUITE 2N
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: COLLIN, ERIC J
Address: 205 N ORANGE AVENUE, SUITE 2N
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAGLIARDI, INNOCENZO
Address: 2170 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: MGR (X) Change () Addition
Name: COLLIN, ERIC J
Address: 2170 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify 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: ERIC COLLIN

MGR

04/07/2009

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