2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2008
Secretary of State

DOCUMENT# L05000096182

Entity Name: MAIN STREET PROPERTIES, LLC

Current Principal Place of Business:

1470 MARAVILLA AVE.
FT MYERS, FL 33901 US

New Principal Place of Business:

1475 MORENO AVENUE
FT MYERS, FL 33901 US

Current Mailing Address:

PO BOX 1050
FORT MYERS, FL 33902

New Mailing Address:

PO BOX 1050
FORT MYERS, FL 33902 US

FEI Number: 20-3512582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD, TERRY A
1470 MARAVILLA AVE.
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

LEONARD, TERRY A
1475 MORENO AVENUE
FT MYERS, FL 33901 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: 03/02/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEONARD, JENNIFER A
Address: 1470 MARAVILLA AVE.
City-St-Zip: FT MYERS, FL 33901 US

Title: MGRM ( ) Delete
Name: LEONARD, TERRY A
Address: 1470 MARAVILLA AVE.
City-St-Zip: FT MYERS, FL 33901 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEONARD, JENNIFER A
Address: 1475 MORENO AVENUE
City-St-Zip: FT MYERS, FL 33901 US

Title: MGRM (X) Change ( ) Addition
Name: LEONARD, TERRY A
Address: 1475 MORENO AVENUE
City-St-Zip: FT MYERS, FL 33901 US

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: TERRY A LEONARD TAL 03/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date