

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A15000000602

**Entity Name:** MAINSTREET 5500 BROKEN SOUND, LTD.

**Current Principal Place of Business:**

2101 WEST COMMERCIAL BOULEVARD, SUITE 1200  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

2101 WEST COMMERCIAL BOULEVARD, SUITE 1200  
FORT LAUDERDALE, FL 33309

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAINSTREET 5500 BROKEN SOUND, INC  
2101 WEST COMMERCIAL BOULEVARD, SUITE 1200  
FORT LAUDERDALE, FL 33309 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # P15000078364

Name MAINSTREET 5500 BROKEN SOUND,  
INC.

Address 2101 WEST COMMERCIAL  
BOULEVARD, SUITE 1200

City-State-Zip: FORT LAUDERDALE FL 33309

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL J KILGALLON

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date