


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

RECEIVED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 APR 10 2006
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DOCUMENT # A00000000563					
1. Entity Name ST. MICHAEL, LTD.					
Principal Place of Business 533 W NEW ENGLAND AVE., STE. C WINTER PARK, FL 32789			Mailing Address P.O. BOX 350 WINTER PARK, FL 32789-0350		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3635277	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELLONS, DANIEL B 533 W NEW ENGLAND AVE., STE. C WINTER PARK, FL 32789			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000022077		STREET ADDRESS		
NAME	NEW ENGLAND AVENUE DEVELOPMENT COMPANY		CITY-ST-ZIP		
STREET ADDRESS	PO BOX 350		900078986399 08/22/06 01020-016 ***9000000		
CITY-ST-ZIP	WINTER PARK, FL 327900350				
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CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			DANIEL B. BELLONS Pres of GP 4-8-06 407-644-3151 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #		

STAPLE CHECK HERE