

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**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**

**FILED**

**07 FEB 26 AM 9:37**

**NEW ENGLAND AVENUE  
TALLAHASSEE, FLORIDA**



01232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3635277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BELLOWS, DANIEL B**  
**533 W NEW ENGLAND AVE., STE. C  
WINTER PARK, FL 32789**

**LAURA MOA**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**LAURA MOA**

**1-27-07**

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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

DOCUMENT # **P95000022077**  
NAME **NEW ENGLAND AVENUE DEVELOPMENT COMPANY**  
STREET ADDRESS **PO BOX 350**  
CITY-ST-ZIP **WINTER PARK, FL 327900350**

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CITY-ST-ZIP

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**500089611665  
02/27/07--01056--011 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*

**Daniel B. Bellows VP**

**1-27-07**

**407-644-3151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE