

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # A05000001911	
1. Entity Name ST. THOMAS, LTD.	

Principal Place of Business % NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD SUITE 202 CORAL GABLES, FL 33134	Mailing Address % NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD SUITE 202 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03202007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-3635574	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCURTIS, CONSTANTINE
 % NEWPORT PROPERTY VENTURES, LTD.
 3211 PONCE DE LEON BOULEVARD SUITE 202
 CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	L05000100932
NAME	ST. THOMAS, LLC
STREET ADDRESS	% 3211 PONCE DE LEON BOULEVARD, SUITE 202
CITY-ST-ZIP	CORAL GABLES, FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000715388
 04/27/07-80062-014 500.00

STAPLE CHECK HERE

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: Constantine Scurtis 4-10-07 305-446-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #