

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**



03202007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3635574

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**

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

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

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04/27/07-80062-014 500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Constantine Scurtis

4-16-07

305-446-0000

STAPLE CHECK HERE