

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A06000000482

1. Entity Name
ST. GILES MANOR, LTD.

Principal Place of Business
5041 82ND AVENUE NORTH
PINELLAS PARK, FL 33781

Mailing Address
5200 EGGLESTON AVENUE
ORLANDO, FL 32810

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03152007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, CHARLOTTE
5041 82ND AVENUE NORTH
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

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

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 \$800.00**

**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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P06000036972	STREET ADDRESS	000102360400
NAME	ST. GILES MANOR, GP, INC.	CITY-ST-ZIP	05/15/07-01005-006 **500.00
STREET ADDRESS	5041 82ND AVENUE NORTH		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		
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STREET ADDRESS			
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: *Sandra Watson Sec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-07 (727) 544-5949
Date *4-10-07* Daytime Phone # *(727) 544-5949*