

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

DOCUMENT # B05000000440

1. Entity Name
ST. THOMAS ACQUISITION L.P.



Principal Place of Business
**3500 SOUTH DUPONT HIGHWAY
DOVER, DE 19901**

Mailing Address
**3211 PONCE DE LEON BLVD., SUITE 202
C/O NEWPORT PROPERTY VENTURES, LTD.
CORAL GABLES, FL 33134**



03202007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3635511

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCURTIS, CONSTANTINE
3211 PONCE DE LEON BLVD., 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 BLVD., SUITE 202**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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IN THIS SPACE**

**U00000715434
04/27/07-80065-013, 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

305.446.0010

STAPLE CHECK HERE