2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # B05000000440

1. Entity Name

ST. THOMAS ACQUISITION L.P.

Principal Place of Business	Mailing Address
3500 SOUTH DUPONT HIGHWAY DOVER DE 19901	3211 PONCE DE LEON BLVD., SUITE 202 C/O NEWPORT PROPERTY VENTURES, LTD. CORAL GABLES FL 33134

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3211 Ponce De Leon Blvd	
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 / Country	Zip / Country

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	7. Name and Address of New Registered Agent
SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134	Name: Martini, Gregory T Street Address (P.O. Box Number is Not Acceptable): 2655 Le Jeune Road, Ste 1101 City: Coral Gables FL Zip Code: 33134

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] 2/24/2008
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000100932	STREET ADDRESS	
NAME	ST. THOMAS, LLC		
STREET ADDRESS	3211 PONCE DE LEON BLVD., SUITE 202	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	000129698460 05/16/08--01045--013 **500.00
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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: [signature] Constantine J. Scurtis 2/19/08 (305) 446-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #