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TALLACTOR OF STATE

TO: Registration Section
Division of Corporations

SUBJECT: St. Andrews Holdings, Ltd.

(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine H. Lorié
(Name of Person)
St. Andrews GP, LLC
(Firm/Company)
2665 S. Bayshore Drive, Suite 601
(Address)
Coconut Grove, FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine H. Lorié
(Name of Person)

at (305) 285-5588 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:
Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general p	artners of			
St. Andrews Holdings, Ltd.				, a
Florida Limited Partnershi Florida Statutes.	ip, executed this supple	mental affidavit	filed pursuant	
The total amount of the cap	pital contributions of th	e limited partners	is: \$ <u>5,169,00</u>	
This 28 day of Apri	il .	·	, 2005 .	
FURTHER AFFIANT SA	AYETH NOT.			
Under penalties of perjury best of my knowledge and		ead the foregoing	g and that the f	facts are true, to the
	General	Partner(s)		
	St. Andre	ws GP. LLC		
		 		
	Fee			
	\$7 per \$1000, based of contribu			
	Minimum \$ 52.50	x		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Maximum \$1750.00