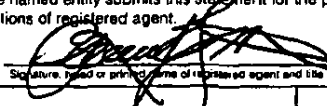
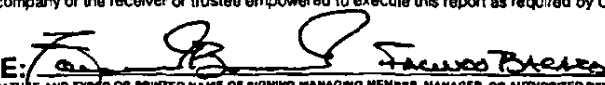


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Apr 05, 2004 8:00 am
Secretary of State

03-23-2004 90070 044 ****50.00

DOCUMENT # L03000045002					
1. Entity Name ST. ANDREWS GP, LLC					
Principal Place of Business 2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133			Mailing Address 2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name: Richard J Razook Street Address (P.O. Box Number is Not Acceptable): Hinton + Williams 1111 Brickell Ave Ste 2500 City: Miami FL Zip Code: 33131		
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 			DATE 3/15/2004		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORIE, CATHY 2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORIE, CATHERINE H. ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORIE, CATHY 2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bacardi, Facundo 2665 S. Bayshore Dr. Ste 601 Coconut Grove, FL 33133 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 3/18/2004 Daytime Phone # 305-285-0038		