2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001636

1. Entity Name
ST. ANDREWS HOLDINGS, LTD.

Principal Place of Business	Mailing Address
2665 S. BAYSHORE, STE 601 COCONUT GROVE, FL 33133	2665 S. BAYSHORE, STE 601 COCONUT GROVE, FL 33133

01112005 Chg-LP CR2E003 (10/03)

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 NOT APPLICABLE ☐ 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
RAZOOK, RICHARD J HUNTON & WILLIAMS 1111 BRICKELL AVE., STE. 2500 MIAMI, FL 33131	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.

Supplemental Affidavit filed 5/3/05

9. Capital Contributions as Shown on record. $7,000.00

10. Amount of Capital Contributions in FLORIDA to date. $5,169,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000045002	STREET ADDRESS	
NAME	ST. ANDREWS GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	2665 S. BAYSHORE, STE 601		U00000367375
CITY-ST-ZIP	COCONUT GROVE, FL 33133		05/16/05-80032-015 526.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 4/14/2005 305-285-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #