


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90283 022 ****50.00

DOCUMENT # L02000017164	
1. Entity Name ST. ANDREWS 97, L.L.C.	

Principal Place of Business 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433	Mailing Address 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433
--	--

24041343

2. Principal Place of Business 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 City & State Boca Raton, FL Zip 33433 Country USA	3. Mailing Address 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 City & State Boca Raton, FL Zip 33433 Country USA
---	---



01062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent KODSI, EISENSTEIN & ASSOCIATES, P.A. 701 W. CYPRESS CREEK RD., STE. 302 FT. LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Daniel A. Kaskel, P.A. Street Address (P.O. Box Number is Not Acceptable) 7284 W. Palmetto Park Rd - Ste 108 City Boca Raton FL Zip Code 33433
---	---

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.

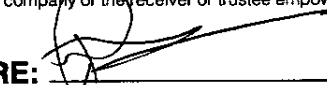
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 4-12-04

**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 BEROGGO, ELIE 7025 BERACASA WAY #107 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-12-04** **561 395 60808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #