

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

2. Principal Place of Business

7284 W. Palmetto Park Rd
Suite, Apt. #, etc.
Ste 106

3. Mailing Address

7284 W. Palmetto Park Rd
Suite, Apt. #, etc.
Ste 106

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

6. Name and Address of Current Registered Agent

KODSI, EISENSTEIN & ASSOCIATES, P.A.
701 W. CYPRESS CREEK RD., STE. 302
FT. LAUDERDALE, FL 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
BEROGGO, ELIE
7025 BERACASA WAY #107
BOCA RATON, FL 33433

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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.

4-12-04 501395608108

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #