2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012346

1. Entity Name

ST. ANDREWS HARBOR VILLAGE, LLC



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

10292 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32408 Mailing Address

10292 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32408



DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number		Applied For	
13-4247979		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

11. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report is true and accurate and that my signature shall have the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNU

SIGNATURE:

BARLOGA, SCOTT B ESQ. 438 N COVE BLVD. PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

eventations contained in Chapter 119, Florida Statutes. I further certify that the information and legal effect as if made under oath; that I am a managing member or manager of the first sequired by Chapter 608, Florida Statutes.

Daytime Phone #

the colligations of registered agent.				
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent aignature required when reinstating)	DATE	
Fi D	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITHS INCORPORATED 10292 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32408			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/21/07-80002-009 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

IADING MEMBER, OR AUTHORIZED REPRESENTATIVE

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