# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

# 7712

DOCUMENT # L03000053606

1. Entity Name
ST. ANDREWS AT PALM AIRE, LLC.

**FILED**
**Jun 30, 2008 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 801 OLD YORK ROAD<br>JENKINTOWN, PA 19046 | 801 OLD YORK ROAD<br>JENKINTOWN, PA 19046 |

06192008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
38-3695010
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $538.75**
**Due by September 12, 2008**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | P |
| NAME | SCULLY, MICHAEL A |
| STREET ADDRESS | 7122 SHEAFF LANE |
| CITY-ST-ZIP | FORT WASHINGTON, PA 19034 |
| TITLE | VP |
| NAME | SCULLY, JAMES D |
| STREET ADDRESS | 7004 DORSAM WAY |
| CITY-ST-ZIP | AMBLER, PA 19002 |
| 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 | |

U00000953421
06/30/08-80002-009 538.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____ 6/19/08 (215) 887-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #