

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 14 AM 10:04

**DOCUMENT #** W040000 73251  
1. Entity Name  
**The St. Andrews 12, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**20423 State Rd. 7**  
Suite, Apt. #, etc  
**#6290**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

City & State

Zip  
**33498**

Country  
**US**

Zip

Country

4. FEI Number  
**54-2177463**

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Eric McCallum**

Street Address (P.O. Box Number is Not Acceptable)  
**20423 State Rd. 7, Ste. 6290**

City  
**Boca Raton**

FL Zip Code  
**33498**

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 Eric McCallum **Eric McCallum** **700060632607**  
Signature, typed or printed name of registered agent and title if applicable. **10/14/05--01069--003 10/11/2005**

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MAN**  
**Eric McCallum**  
**20423 State rd. 7, Ste. 6290**  
**Boca Raton, FL 33498**

TITLE  
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CITY-ST-ZIP

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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: Eric McCallum **Eric McCallum** **10/11/2005**  
Signature and typed or printed name of signing managing member, manager, or authorized representative. Date Daytime Phone #

**REINSTATEMENT 2005**

**DO NOT WRITE  
IN THIS SPACE**