

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90171 034 ****50.00



DOCUMENT # L05000033301
 1. Entity Name
 L&S ST. ANDREWS I, LLC

Principal Place of Business Mailing Address
 4100 N.W. 58TH LANE 4100 N.W. 58TH LANE
 BOCA RATON FL 33496 BOCA RATON FL 33496
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 950 Peninsula Corporate Circle 950 Peninsula Corporate Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1004 1004
 City & State City & State
 Boca Raton FL Boca Raton FL
 1st MOORE CR2E083 (10/06)

4. FEI Number 20-2679392 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required
 Zip Country Zip Country
 33487 USA 33487 USA

6. Name and Address of Current Registered Agent
 SELLERS, STEVEN
 4100 N.W. 58TH LANE
 BOCA RATON FL 33496

7. Name and Address of New Registered Agent
 Name Steven Sellers
 Street Address (P.O. Box Number is Not Acceptable) 950 Peninsula Corporate Circle
 Suite 1004
 City Boca Raton FL Zip Code 33487

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]* DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELLERS, STEVEN 4100 N.W. 58TH LANE BOCA RATON FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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: *[Signature]* DATE _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE