



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90102 032 \*\*\*550.00

<b>DOCUMENT # M05000004112</b> 1. Entity Name <b>ST. ANDREWS CONDOMINIUMS OF BOYNTON BEACH, LLC</b>			
Principal Place of Business <b>C/O JB HOWELL &amp; COMPANY CORP. 13790 NW 4TH STREET, SUITE 111 SUNRISE, FL 33325</b>		Mailing Address <b>C/O JB HOWELL &amp; COMPANY CORP. 13790 NW 4TH STREET, SUITE 111 SUNRISE, FL 33325</b>	
2. Principal Place of Business - No P.O. Box # <b>7450 Griffin Road</b>		3. Mailing Address <b>7450 Griffin Road</b>	
Suite, Apt. #, etc. <b># 210</b>		Suite, Apt. #, etc. <b>Suite 210</b>	
City & State <b>DAVIE, FL</b>		City & State <b>DAVIE, FL</b>	
Zip <b>33314</b>		Zip <b>33314</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
4. FEI Number <b>20-2992045</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZARETSKY, LOUIS D ESQ 555 N.E. 15TH STREET SUITE 100 MIAMI, FL 33132</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JACOBSON, ADAM 13790 NW 4TH STREET, SUITE 111 SUNRISE, FL 33325</b> <input type="checkbox"/> Delete <b>New Address</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7450 Griffin Rd #210 DAVIE, FL 33314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BLAU, ROBERT 13790 NW 4TH STREET, SUITE 111 SUNRISE, FL 33325</b> <input type="checkbox"/> Delete <b>New Address</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7450 Griffin Rd. #210 DAVIE, FL 33314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KALMIAN, MARK 13790 NW 4TH STREET, SUITE 111 SUNRISE, FL 33325</b> <input type="checkbox"/> Delete <b>New Address</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7450 Griffin Rd. #210 DAVIE, FL 33314</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.			
<b>SIGNATURE:</b>  <b>Adam Jacobson</b>		Date <b>8/20/07</b>	Daytime Phone # <b>954 514-7880</b>