2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# M06000003621

Entity Name: CREEKSTONE ST. ANDREWS, LLC

Current Principal Place of Business:

4545 POST OAK PLACE, SUITE 200
HOUSTON, TX 77027

New Principal Place of Business:

4545 POST OAK PLACE, SUITE 200
HOUSTON, TX 77027 US

Current Mailing Address:

4545 POST OAK PLACE, SUITE 200
HOUSTON, TX 77027

New Mailing Address:

4545 POST OAK PLACE, SUITE 200
HOUSTON, TX 77027 US

FEI Number: 20-5112121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JACKSON, EVERETT P
Address: 4545 POST OAK PLACE, SUITE 200
City-St-Zip: HOUSTON, TX 77027

Title: MGR ( ) Delete
Name: KELLER, STEPHEN D
Address: 7809 JEFFERSON HIGHWAY, SUITE B-3
City-St-Zip: BATON ROUGE, LA 70809

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JACKSON, EVERETT P
Address: 4545 POST OAK PLACE, SUITE 200
City-St-Zip: HOUSTON, TX 77027 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN D KELLER MGR 01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date