

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002899

Entity Name: MBS-SAXON GP, L.L.C.

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

1415 OLIVE STREET, SUITE 310  
ST. LOUIS, MO 631032334

**New Principal Place of Business:**

**Current Mailing Address:**

1415 OLIVE STREET, SUITE 310  
ST. LOUIS, MO 631032334

**New Mailing Address:**

FEI Number: 20-1488850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SAXON SPECIAL COMPAN, Y  
Address: 1415 OLIVE STREET, SUITE 310  
City-St-Zip: ST. LOUIS, MO 631032334

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MBR (X) Change ( ) Addition  
Name: SAXON SPECIAL COMPAN, Y  
Address: 1415 OLIVE STREET, SUITE 310  
City-St-Zip: ST. LOUIS, MO 631032334

Title: MBR ( ) Change (X) Addition  
Name: MUDCO 4, INC.,  
Address: 1415 OLIVE STREET, SUITE 310  
City-St-Zip: ST. LOUIS, MO 63103

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HILLARY B. ZIMMERMAN

VP

04/29/2005

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