2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# M04000002899

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

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