

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**DOCUMENT # A0000001978**  
 1. Entity Name  
**SAXON/BROWARD, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR 22 PM 2:37

Principal Place of Business: **908 S. DELANEY AVE. --- ORLANDO FL 32806-1275**  
 Mailing Address: **P.O. BOX 568821 ORLANDO FL 32856-8821**



MOORE CR2E003 (11/03)

2. Principal Place of Business: **3333 S Orange Ave., Suite, Apt. #, etc. Suite 200**  
 3. Mailing Address: **P O Box 568821 Suite, Apt. #, etc.**

City & State: **Orlando FL**  
 City & State: **Orlando FL**

4. FEI Number: **59-3701416**  
 Applied For:  Not Applicable

Zip: **32806-8500** Country: **US**  
 Zip: **32856-8821** Country: **US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARTER, DARYL M  
 908 SOUTH DELANEY AVE.  
 ORLANDO FL 32806-1275**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,488,831.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11 MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>MAURY L. CARTER MANAGEMENT CORPORATION</b>
STREET ADDRESS	<del>908 SOUTH DELANEY AVE.</del>
CITY-ST-ZIP	<del>ORLANDO FL 32806</del>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>3333 S Orange Ave, Suite 200</b>
CITY-ST-ZIP	<b>Orlando FL 32806-8500</b>
STREET ADDRESS	<b>000032186580</b>
CITY-ST-ZIP	<b>04/08/04--01014--015 **526.25</b>
STREET ADDRESS	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** **Mar 15 04** **407/422-3144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Daryl M Carter, President, Maury L Carter Mgmt Corp, Gen Partner