


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0000001978 1. Entity Name SAXON/BROWARD, LTD.	
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Principal Place of Business 3333 S. ORANGE AVE. STE. 200 ORLANDO FL 32806-8500	Mailing Address P.O. BOX 568821 ORLANDO FL 32856-8821
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
4. FEI Number 59-3701416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1ST MOORE CR2E003 (10/04)

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) 3333 S Orange Avenue, Suite 200 City Orlando FL Zip Code 32806-8500	
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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.
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

**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 STREET ADDRESS CITY-ST-ZIP	MAURY L. CARTER MANAGEMENT CORPORATION 3333 S. ORANGE AVE., ATE. 200 ORLANDO FL 32806-8500
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

700054240007
05/11/05--01004--013 **\$26.25

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:  Apr 16 05 407/422-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #