


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # A0000001978</b>	
1. Entity Name <b>SAXON/BROWARD, LTD.</b>	

**FILED**

**06 MAY -1 PM 1:46**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



Principal Place of Business <b>3333 S. ORANGE AVE. STE. 200 ORLANDO FL 32806-8500</b>	Mailing Address <b>P.O. BOX 568821 ORLANDO FL 32856-8821</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/05)

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CARTER, DARYL M 908 SOUTH DELANEY AVE. ORLANDO FL 32808-1275</b>	Name Street Address (P.O. Box Number is Not Acceptable) <b>3333 S Orange Ave, Suite 200</b> City <b>Orlando FL 32806-8500</b> Zip Code <b>FL</b>

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.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	<b>MAURY L. CARTER MANAGEMENT CORPORATION</b>		
STREET ADDRESS	<b>3333 S. ORANGE AVE., ATE. 200</b>	CITY-ST-ZIP	
	<b>ORLANDO FL 32806-8500</b>		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			

**088874695138**  
05/17/06--01003--016 \*\*500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  
**Daryl M. Carter, President, Maury L Carter Mgmt Corp, General Partner**

**SIGNATURE** \_\_\_\_\_ **Apr 20 06** **407/422-3144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #