

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008609 AT

**DOCUMENT # A00000001978**  
 1. Entity Name  
**SAXON/BROWARD, LTD.**



**FILED**  
 03 APR 16 AM 10:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 908 S. DELANEY AVE.  
 ORLANDO FL 32806-1275

Mailing Address  
 P.O. BOX 568821  
 ORLANDO FL 32856-8821



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**DUE BY MAY 1, 2003**

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

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. **1,800,000.00**

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	<b>908 SOUTH DELANEY AVE.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
STREET ADDRESS	
CITY-ST-ZIP	

300016087583  
 04/16/03--01008--009 \*\*526.25

BK

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 07 03** **407/422-3144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Maury L. Carter** Secretary/Director Date Daytime Phone #

CR2E003 (10/02)