



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02000001344</b> 1. Entity Name <b>SAXON CROSSING PARTNERS, LTD.</b>					
Principal Place of Business <b>1551 SANDSPUR ROAD          MAITLAND, FL 32751</b>			Mailing Address <b>P.O. BOX 4961          ORLANDO, FL 32801</b>		
2. Principal Place of Business <b>231 West Park Ave</b>		3. Mailing Address <b>231 West Park Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>		4. FEI Number <b>20-1377470</b> Applied For <del>310927600</del> Not Applicable	
Zip <b>32789</b>	Country <b>US</b>	Zip <b>32789</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLLARD, MICHAEL A          231 WEST PARK AVENUE          WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,340,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>L04000048711</b>		STREET ADDRESS		
NAME	<b>SAXON CROSSINGS, L.L.C.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>231 WEST PARK AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>		CITY-ST-ZIP		
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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 prepare this report as required by Chapter 620, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>Michael A. Collard</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <b>4/13/05</b> Daytime Phone # <b>407/599-4444</b>		

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