


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000941 1. Entity Name GV ON SAXON LTD.	
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Principal Place of Business 650 S NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701	Mailing Address 650 S NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0063456	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECCSE, SALVADOR F
650 S NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

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 \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	P03000071682
NAME	GV ON SAXON, INC.
STREET ADDRESS	650 S NORTHLAKE BLVD, SUITE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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000000641726
03/01/07-80011-022-508.75

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

SIGNATURE: Salvador F Leccese 1-16-07 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE