


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Feb 29, 2008 08:00 A  
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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01232008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0063456	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LECCESE, 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 *Sam I. Lee* DATE 2/20/08

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000843919  
03/12/08-80013-020 508.75

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: *Sam I. Lee* DATE 2/20/08 DAYTIME PHONE # 407 645-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #