

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000941

Entity Name: GV ON SAXON LTD.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

650 S NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

650 S NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 20-0063456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P03000071682  
Name: GV ON SAXON, INC.  
Address: 650 S NORTHLAKE BLVD, SUITE 450  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GV ON SAXON INC

\_\_\_\_\_  
Electronic Signature of Signing General Partner

01/04/2011

\_\_\_\_\_  
Date