2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# A05000002247

Entity Name: LECESSE SAXON LIMITED PARTNERSHIP

Current Principal Place of Business:

650 S NORTHLAKE BLVD STE 450
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

650 S NORTHLAKE BLVD STE 450
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-4051854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GROSCH, FRANK K
650 S NORTHLAKE BLVD STE 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 #: P05000154755
Name: LECESSE SAXON, INC.
Address: 650 S NORTHLAKE BLVD STE 450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SALVADOR F LECESSE GP 01/16/2009

Electronic Signature of Signing General Partner — Date