
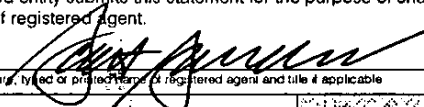



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90135 038 \*\*\*\*50.00

<b>DOCUMENT # L03000034023</b> 1. Entity Name <b>SAXON, LLC</b>			
Principal Place of Business <b>2432 FLAGLER AVE. KEY WEST FL 33040</b>		Mailing Address <b>PO BOX 5552 KEY WEST FL 33040</b>	
2. Principal Place of Business <b>201 FRONT STREET</b> Suite, Apt. #, etc. <b>109</b> City & State <b>KEY WEST FL</b>		3. Mailing Address <b>P.O. BOX 5552</b> Suite, Apt. #, etc.  City & State <b>KEY WEST FL</b>	
Zip <b>33040</b>		Country 	
4. FEI Number <b>20-0217806</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAUNDERS, SCOTT A 2432 FLAGLER AVE. KEY WEST FL 33040</b>		7. Name and Address of New Registered Agent Name <b>SCOTT SAUNDERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 FRONT STREET BLDG 21</b> <b>SUITE 109</b> City <b>KEY WEST</b>	
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 	
Signature, typed or printed name of registered agent and title if applicable		DATE <b>1/31/05</b>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOELMAN, JAN 615 AMELIA STREET KEY WEST FL 33-0400	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUNDERS, SCOTT FOUR COCONUT DRIVE KEY WEST FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENSON, GLENN 615 AMELIA STREET KEY WEST FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE <b>1/31/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>305 294-5205</b>	