

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000034023**

1. Entity Name  
**SAXON, LLC**



Principal Place of Business  
**201 FRONT STREET BLDG 21 STE 109  
KEY WEST, FL 33040**

Mailing Address  
**PO BOX 5552  
KEY WEST, FL 33040**



02032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0217806**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SAUNDERS, SCOTT A  
201 FRONT STREET BLDG 21 STE 109  
KEY WEST, FL 33040**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

02/22/06-80009-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DOELMAN, JAN
STREET ADDRESS	615 AMELIA STREET
CITY- ST- ZIP	KEY WEST, FL 330400
TITLE	MGRM
NAME	SAUNDERS, SCOTT
STREET ADDRESS	FOUR COCONUT DRIVE
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	MGRM
NAME	STEVENSON, GLENN
STREET ADDRESS	615 AMELIA STREET
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/16/06

205 294-8205