## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # L03000034023  1. Entity Name SAXON, LLC					04-23-2008 90130 010 ***138.75				
Principal Plac 201 FRONT S KEY WEST, F	STREET BLDG 21 STE 109	Mailing Address PO BOX 5552 KEY WEST, FL 33040				6(	00275	18	
		T							
412	lace of Business - No P.O. Box #	3. Mailing Address				18168 LÄLL 18LII 85III 98III	63 66 1  1  6 5	<b>41</b>    <b>  111  </b>	<b>11</b>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E08	3 (12/06)	
City & Stat	EST FL	City & State			4. FEI Number 20-021			<del></del>	plied For t Applicable
3304	Country  MONROE	Zip	Country	у	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent				Address of New R	egistered A	gent	
CAUNDENS, SCOTTA				Name	nders Scott A				
				Street Address (P.O. Box Number is Not Acceptable)					
VET AAE2	1, FL 33040			412 0	white	street t		.,	
				City Leg	e Wes	t	FL	Zip Code	040
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent			d office or regist		th, in the State of Flo	orida. I am fa	amiliar with,	and accept
				Agont argulators recipie	en when rekistating)				
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.7	5	•	ngon ag arcio roqui	eu when ransialing)		e check pa Departme	•	9
			10.		eu when rekistati ig		e check pa i Departme	•	B
After May	7 1, 2008 Fee will be \$538.7			agent any situation of require	eu when reinstati ig	Florida	e check pa i Departme	•	e Addition
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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:

THE NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1 8 08 305 204-550L