2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 13, 2006 8:00 am Secretary of State

ANNUAL REPORT **DOCUMENT # L04000048711** 07-13-2006 90081 031 ****50.00 1. Entity Name SAXON CROSSINGS, L.L.C. 20048670 Principal Place of Business Mailing Address 231 WEST PARK AVE 231 WEST PARK AVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07102006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1307406 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLLARD, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 231 WEST PALM AVENUE WINTER PARK, FL 32789 City WINTER PARK 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME COLLARD, MICHAEL A NAME 231 WEST PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 City-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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 account 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IGNATURE: 1/10/06 (407) 599, 444

SIGNATURE SIGNATURE PROTECTION NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desire Proces