

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107506

FILED  
May 17, 2009  
Secretary of State

**Entity Name:** SAXSONIA PROPERTY MANAGEMENT L.L.C.

**Current Principal Place of Business:**

1183 LARCHMONT DR  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1183 LARCHMONT DR  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PFCIFER, ELIZABETH  
1183 LARCHMONT DR  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

PFEIFER, ELIZABETH  
1183 LARCHMONT DR  
ENGLEWOOD, FL 34223 US

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: ELIZABETH PFEIFER

05/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PFCIFER, ELIZABETH  
Address: 1183 LARCHMONT DR  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PFEIFER, ELIZABETH  
Address: 1183 LARCHMONT DR  
City-St-Zip: ENGLEWOOD, FL 34223

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 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: ELIZABETH PFEIFER

MGRM

05/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date