

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000024354

Entity Name: SAXON-CLARK, LLC

FILED  
Jan 18, 2011  
Secretary of State

## Current Principal Place of Business:

995 SR 434 N  
SUITE 509  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

995 SR 434 N  
SUITE 509  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

285 W. CENTRAL PARKWAY  
SUITE 1710  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

285 W. CENTRAL PARKWAY  
SUITE 1710  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 01-0951392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, THOMAS P  
89 WISTERIA DRIVE  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

CLARK, THOMAS P  
285 W. CENTRAL PARKWAY  
SUITE 1710  
ALTAMONTE SPRINGS, FL 32714 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: THOMAS P. CLARK

01/18/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: CLARK, THOMAS P  
Address: 285 W. CENTRAL PARKWAY SUITE 1710  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM  
Name: SAXON, DONALD K  
Address: 285 W. CENTRAL PARKWAY SUITE 1710  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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: THOMAS P. CLARK

MGRM

01/18/2011

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