

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90290 039 *****50.00

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03222005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M02000003067 1. Entity Name SAXONY CAPITAL MANAGEMENT LLC																													
Principal Place of Business 86 KENDRICK PLAZA SAINT LOUIS, MO 63119			Mailing Address 86 KENDRICK PLAZA SAINT LOUIS, MO 63119																										
2. Principal Place of Business 86 KENRICK PLAZA <small>Suite, Apt. #, etc.</small>		3. Mailing Address 86 KENRICK PLAZA <small>Suite, Apt. #, etc.</small>																											
City & State ST LOUIS MO		City & State ST LOUIS MO		4. FEI Number 47-0889870																									
Zip 63119		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent SCAFIDI, RICHARD 900 6TH AVENUE SOUTH, STE. 201 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5182 MABRY DRIVE City NAPLES FL Zip Code 34112																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRIFFARD, RICHARD E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 KENDRICK PLAZA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT LOUIS, MO 63119</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">86 KENRICK PLAZA</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ST LOUIS MO 63119</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 KENRICK PLAZA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST LOUIS MO 63119</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	GRIFFARD, RICHARD E		STREET ADDRESS	86 KENDRICK PLAZA		CITY-ST-ZIP	SAINT LOUIS, MO 63119		TITLE	86 KENRICK PLAZA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ST LOUIS MO 63119		STREET ADDRESS	86 KENRICK PLAZA		CITY-ST-ZIP	ST LOUIS MO 63119	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Charles Dairaghi</u> MANAGER 3-22-05 314 963 9336 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> CHARLES DAIRAGHI																													