

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003067

FILED
Jun 08, 2006
Secretary of State

Entity Name: SAXONY CAPITAL MANAGEMENT LLC

Current Principal Place of Business:

86 KENDRICK PLAZA
SAINT LOUIS, MO 63119

New Principal Place of Business:

86 KENRICK PLAZA
SAINT LOUIS, MO 63119

Current Mailing Address:

86 KENDRICK PLAZA
SAINT LOUIS, MO 63119

New Mailing Address:

86 KENRICK PLAZA
SAINT LOUIS, MO 63119

FEI Number: 47-0889870 FEI Number Applied For () FEI Number Not Applicable () 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:

SCAFIDI, RICHARD
5182 MABRY AVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRIFFARD, RICHARD E
Address: 86 KENRICK PLAZA
City-St-Zip: SAINT LOUIS, MO 63119

Title: MGR () Delete
Name: DAIRAGHI, CHARLES A
Address: 86 KENRICK PLAZA
City-St-Zip: ST. LOUIS, MO 63119

Title: MGR () Delete
Name: SCAFIDI, RICHARD S
Address: 5182 MABRY DR
City-St-Zip: NAPLES, FL 34112

Title: MGR () Delete
Name: ELDER, SCOTT
Address: 86 KENRICK PLAZA
City-St-Zip: SAINT LOUIS, MO 63119

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SCHEIDT, JAMES H
Address: 86 KENRICK PLAZA
City-St-Zip: ST LOUIS, MO 63119

Title: MGR () Change (X) Addition
Name: CLARK, BRIAN L
Address: 86 KENRICK PLAZA
City-St-Zip: ST LOUIS, MO 63119

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES DAIRAGHI

MGR

06/08/2006

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