

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003067

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** SAXONY CAPITAL MANAGEMENT LLC

**Current Principal Place of Business:**

86 KENRICK PLAZA  
SAINT LOUIS, MO 63119

**New Principal Place of Business:**

**Current Mailing Address:**

86 KENRICK PLAZA  
SAINT LOUIS, MO 63119

**New Mailing Address:**

**FEI Number:** 47-0889869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCAFIDI, RICHARD  
370 BELVILLE RD  
NAPLES, FL 34104 US

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

SCAFIDI, RICHARD  
1520 CURLEW AVE  
NAPLES, FL 34102 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:**

04/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**Title:** MGR  
**Name:** SCAFIDI, RICHARD S  
**Address:** 1520 CURLEW AVE  
**City-St-Zip:** NAPLES, FL 34102

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

**Title:** MGR  
**Name:** SCHEIDT, JAMES H  
**Address:** 86 KENRICK PLAZA  
**City-St-Zip:** ST LOUIS, MO 63119

**Title:** MGR  
**Name:** CLARK, BRIAN L  
**Address:** 86 KENRICK PLAZA  
**City-St-Zip:** ST LOUIS, MO 63119

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:** BRIAN CLARK

MGR

04/12/2011

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