

\$70.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (U

FILED

DOCUMENT # N98000002008
1. Entity Name Saxon Woods Property Ass

02 MAY 10 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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80057242

2. Principal Place of Business <u>1633 E Vine St</u> Suite, Apt. #, etc. <u>Suite 110</u> City & State <u>Kissimmee FL</u>		3. Mailing Address <u>1633 E Vine St</u> Suite, Apt. #, etc. <u>Suite 110</u> City & State <u>Kissimmee FL</u>	
Zip <u>34744</u>	Country	Zip <u>34744</u>	Country

4. FEI Number <u>650833201</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>Furlow, Rebecca</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1633 E Vine Street</u>
<u>Suite 110</u>
City <u>Kissimmee FL</u> Zip Code <u>34744</u>

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.

SIGNATURE [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D</u> <u>Marek Bakun</u> <u>151 Southhall Lane</u> <u>Maitland FL 32761</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P/D</u> <u>Lor. Ginton</u> <u>151 Southhall Lane</u> <u>Maitland FL 32751</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/T-D</u> <u>JANICE FRANKEL</u> <u>651 WOODFORD DR</u> <u>DEBARY FL 32713</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] Marek Bakun 3/4/02 (407) 629-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)

1/17/02