

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000803**

1. Entity Name

ISLEWORTH WEST LIMITED PARTNERSHIP

Principal Place of Business

**C/O MICHAEL E. BOTOS
777 S FLAGLER DR., 1900 PHILLIPS POINT W
WEST PALM BEACH FL 33401**

Mailing Address

**C/O MICHAEL E. BOTOS
777 S FLAGLER DR., 1900 PHILLIPS POINT W
WEST PALM BEACH FL 33401-6161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0822745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOTOS, MICHAEL E
STEEL HECTOR & DAVIS LLP
777 S FLAGLER DR., 1900 PHILLIPS POINT W
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,200,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M97000000886**
NAME **ASHTON WOODS FLORIDA LLC.**
STREET ADDRESS **777 S FLAGLER DR., 1900 PHILLIPS POINT W**
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

FF \$526.25

STREET ADDRESS

CITY - ST - ZIP

500003158105--6

STREET ADDRESS

CITY - ST - ZIP

03/06/00 01069 010
*****2276.25 ****526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

VB 3-9-00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

February 7, 2000 416 449-1340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

HARRY ROSENBAUM

CR2E003 19/99