

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000000803

1. Entity Name
ISLEWORTH WEST LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 31 AM 9:58

Principal Place of Business C/O MICHAEL E. BOTOS/EDWARDS & ANGELL LLP ONE NORTH CLEMATIS, SUITE 400 WEST PALM BEACH, FL 33401	Mailing Address C/O MICHAEL E. BOTOS/EDWARDS & ANGELL LLP ONE NORTH CLEMATIS, SUITE 400 WEST PALM BEACH, FL 33401
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2. Principal Place of Business 3751 VICTORIA PARK AVENUE	3. Mailing Address 3751 VICTORIA PARK AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02282004 Chg-LP CR2E003 (10/03)

City & State TORONTO ONTARIO	City & State TORONTO ONTARIO
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4. FEI Number 65-0822745	Applied For ☐ Not Applicable
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Zip M1W 3Z4	Country CANADA	Zip M1W 3Z4	Country CANADA
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOTOS, MICHAEL E
 C/O EDWARDS & ANGELL LLP
 ONE NORTH CLEMATIS, SUITE 400
 WEST PALM BEACH, FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$3,460,968.00	10. Amount of Capital Contributions in FLORIDA to date. \$734,968
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M97000000886	STREET ADDRESS	
NAME	ASHTON WOODS FLORIDA L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	ONE NORTH CLEMATIS, SUITE 400		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	500032749385
NAME		CITY-ST-ZIP	04/14/04--01042--029 **526.25
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STAPLE CHECK HERE

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: **HARRY ROSENBAUM** **MARCH 1, 2004** **416 449-1340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #