

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000000803			
1. Entity Name ISLEWORTH WEST LIMITED PARTNERSHIP			
Principal Place of Business 3751 VICTORIA PARK AVENUE TORONTO, ON M1W3Z-4 CA		Mailing Address 3751 VICTORIA PARK AVENUE TORONTO, ON M1W3Z-4 CA	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

05 APR 19 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302005 Chg-LP CR2E003 (10/03)

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 AMERICAN INFORMATION SERVICES, INC. 255 SOUTH ORANGE AVE STE 1700 ORLANDO, FL 32801		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. I am familiar with, and accept the obligations of registered agent.

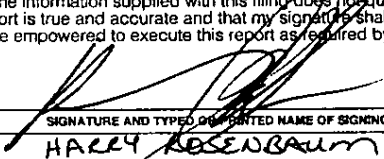
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,460,968.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,015,566.00
---	--

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	3751 VICTORIA PARK AVENUE
NAME	ASHTON WOODS FLORIDA L.L.C.	CITY-ST-ZIP	TORONTO, ONTARIO M1W 3Z4 CANADA
STREET ADDRESS	ONE NORTH CLEMATIS, SUITE 400		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
HARRY ROSENBAUM

March 31/2005 416 449-1340
Date Daytime Phone #

STAPLE CHECK HERE