


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 06 MAY -1 AM 9:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

| | |
|---|---|
| DOCUMENT # A05000002016 |  |
| 1. Entity Name ASHTON OAKS PARTNERSHIP, LTD. | |

| | |
|--|--|
| Principal Place of Business C/O 201 E. PINE ST., SUITE 500 ORLANDO, FL 32301 | Mailing Address C/O 201 E. PINE ST., SUITE 500 ORLANDO, FL 32301 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



| | | | |
|---|--------|-----------------|--|
| 04242006 | Chg-LP | CR2E003 (11/05) | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| GRAY, N. DWAYNE JR ESQ GREENSPOON MARDER, P.A. 201 E. PINE STREET, SUITE 500 ORLAND, 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 file if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 | |
|---------------------------------|--------------------------------|
| DOCUMENT # | P05000146823 |
| NAME | ASHTON OAKS PROJECT GP, INC. |
| STREET ADDRESS | C/O 201 E. PINE ST., SUITE 500 |
| CITY-ST-ZIP | ORLANDO, FL 32301 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 600074623066 |
| CITY-ST-ZIP | 05/15/06--01046--021 **500.00 |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: FABRIZIO LUCHESE DATE: 4/25/2006 DAYTIME PHONE #: 1-905-882-1212