

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A05000002016</b>		
1. Entity Name ASHTON OAKS LIMITED PARTNERSHIP		

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
 2007 MAR 29 AM 11:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03092007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

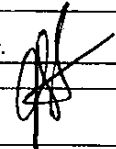
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAY, N. DWAYNE JR ESQ GREENSPOON MARDER, P.A. 201 E. PINE STREET, SUITE 500 ORLAND, FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000146623	STREET ADDRESS	
NAME	ASHTON OAKS PROJECT GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	C/O 201 E. PINE ST., SUITE 500		
CITY - ST - ZIP	ORLANDO, FL 32301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Fabrizio  
Murchese

March 22/07

905 882

1212

STAPLE CHECK HERE