2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A05000002017

1. Entity Name
ASHTON OAKS FINANCING PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
201 E. PINE STREET SUITE 500 ORLANDO, FL 32801	201 E. PINE STREET SUITE 500 ORLANDO, FL 32801

04242006 Chg-LP CR2E003 (11/05)

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 ☑ Applied For ☐ Not Applicable

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
GRAY, N. DWAYNE JR, ESQ 201 E. PINE STREET SUITE 500 GREENSPOON MARDER, P.A. ORLANDO, FL 32801	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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000146631	STREET ADDRESS	
NAME	ASHTON OAKS FINANCING GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	201 E. PINE STREET SUITE 500		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200074623002 05/15/06--01046--019 **500.00
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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 LUCCHESE 4/25/06 905-882-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #