

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 29 AM 11:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A05000002017

1. Entity Name
 ASHTON OAKS FINANCING PARTNERSHIP, LTD.



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

Mailing Address
 201 E. PINE STREET SUITE 500
 ORLANDO, FL 32801



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03092007 Chg-LP CR2E003 (12/06)

City & State

4. FEI Number
 APPLIED FOR

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

DOCUMENT #	P05000146631
NAME	ASHTON OAKS FINANCING GP, INC.
STREET ADDRESS	201 E. PINE STREET SUITE 500
CITY-ST-ZIP	ORLANDO, FL 32801
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	300096164493
CITY-ST-ZIP	04/09/07--01005--002 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

[Handwritten Signature]

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 Nucchese* Date: Mar 22 2007 Daytime Phone #: 905882 1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER