

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 04, 2008 08:00 AM
Secretary of State

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
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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

02072008 Chg-LP CR2E003 (12/06)

Zip	Country	Zip	Country
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4. FEI Number APPLIED FOR	Applied For Not Applicable
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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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	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

000000847418
 03/19/08-8066-025 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:  PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 2/23/08 Daytime Phone #: 407-425-6559