2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 APR 26 AM 10: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001068

1. Entity Name
ASHTON - MIAMI LAKES, LTD.

Principal Place of Business	Mailing Address
6175 N.W. 153RD STREET MIAMI LAKES, FL 33014	3493 N.W. 167TH STREET MIAMI, FL 33056

04052005 Chg-LP CR2E003 (10/03)

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 65-0759100 ☐ 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
WEISZ, MICHAEL O ESQ. 9350 S DIXIE HWY SUITE 1500 MIAMI, FL 33156	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.

9. Capital Contributions as Shown on record.	$500.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000039464 ~~ASHTON~~ PALMETTO PALMS, INC. 3493 N.W. 167TH STREET MIAMI, FL 33056	STREET ADDRESS CITY-ST-ZIP	100052146621 04/26/05--01061--010 **193.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Ashton (Fla) Management, Inc. amendment filed 4-26-05	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	$141.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/13/05 (305) 624-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #