


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # A97000001068
1. Entity Name
ASHTON - MIAMI LAKES, LTD.



Principal Place of Business
6175 N.W. 153RD STREET
MIAMI LAKES, FL 33014

Mailing Address
3493 N.W. 167TH STREET
MIAMI, FL 33056

DO NOT WRITE IN THIS SPACE



04062006 No Chg-LP

CR2E003 (11/05)

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

WEISZ, MICHAEL O ESQ.
9350 S DIXIE HWY
SUITE 1500
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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	
DOCUMENT #	P96000039484
NAME	ASHTON (FLA.) MANAGEMENT, INC.
STREET ADDRESS	3493 N.W. 167TH STREET
CITY-ST-ZIP	MIAMI, FL 33056
DOCUMENT #	
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STREET ADDRESS	
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U00000505963
04/27/06-80002-024 500.00

**DO NOT WRITE
IN THIS SPACE**

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] 4/6/06 (305) 624-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE