


**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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000505963
04/27/06-80002-024 500.00

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:  **4/6/06** **(305) 624-2999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Cellphone Phone #

STAPLE CHECK HERE