## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2007 Apr 10, 2007 08:00 All Secretary of State **DOCUMENT #A97000001068** ASHTON - MIAMI LAKES, LTD. Mailing Address Principal Place of Business 6175 N.W. 153RD STREET 3493 N.W. 167TH STREET MIAMI LAKES, FL 33014 MIAMI, FL 33056 04032007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0759100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEISZ, MICHAEL O ESQ. DO NOT WRITE 9350 S DIXIE HWY **SUITE 1500** IN THIS SPACE MIAMI, FL 33156 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 DATE 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. GENERAL PARTNER INFORMATION 12. P96000039464 DOCUMENT # NAME ASHTON (FLA.) MANAGEMENT, INC. STREET ADDRESS 3493 N.W. 167TH STREET CITY-ST-ZIP MIAMI, FL 33056 U00000698556 DOCUMENT ( 04/19/07-80006-019 500.0**0** NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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:

STREET ADDRESS CITY-ST-ZIP