

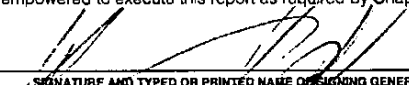
**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 APR 18 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A97000002868				
1. Entity Name ASHTON WOODS ORLANDO LIMITED PARTNERSHIP				
Principal Place of Business 3751 VICTORIA PARK AVENUE TORONTO ONTARIO CANADA, M1W3Z-4		Mailing Address 3751 VICTORIA PARK AVENUE TORONTO ONTARIO CANADA, M1W3Z-4		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. 255 SOUTH ORANGE AVE., STE 1700 ORLANDO, FL 32801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$36,123,212.00		10. Amount of Capital Contributions in FLORIDA to date. \$24,294,629.00		
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 #	M98000001262	STREET ADDRESS	3751 VICTORIA PARK AVENUE	
NAME	ASHTON WOODS LAKESIDE L.L.C.	CITY-ST-ZIP	TORONTO, ONTARIO CN M1W 3Z4	
STREET ADDRESS	ONE NORTH CLEMATIS, SUITE 400			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			
DOCUMENT #		STREET ADDRESS		
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STREET ADDRESS				
CITY-ST-ZIP				
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: 		March 30/2005 416 449 1340		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #	
HARRY ROSENBAUM				

STAPLE CHECK HERE