2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000002868

1. Entity Name
ASHTON WOODS ORLANDO LIMITED PARTNERSHIP



FILED Jan 30, 2007 08:00 AM Secretary of State

Principal Place of Business

3751 VICTORIA PARK AVENUE TORONTO ONTARIO M123Z-4 CANADA, XX Mailing Address

3751 VICTORIA PARK AVENUE TORONTO ONTARIO M123Z-4 CANADA. XX



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65-0806305	Not App
5. Certificate of Status Desired	\$8.75 Additiona Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801-4904

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4. FE! Number

	a named entity submits this statement for the purpose of changing i tions of registered agent.	ts registered office or registered agent, or both	h, in the State of Florida. I am familiar with, and accept
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 \$90		U00000611874 -02/02/07-80083-003-500.00
	A GENERAL PARTNER THAT IS A BUSINESS E NOTE: General Partners MAY NOT be changed on	NTITY MUST BE REGISTERED AND A the form; an amendment must be file	CTIVE WITH THIS OFFICE.
12.	GENERAL PARTNER INFORMATION	•	
DOCUMENT #	M98000001262	a complex days in	The state of the state of the state of
NAME	ASHTON WOODS LAKESIDE L.L.C.		Burney Commencer Commencer Commencer
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3751 VICTORIA PARK AVENUE CITY-ST-ZIP TORONTO, ON M1W3Z4 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT **#** NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not equally 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/player he 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:

MURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

JWN. X

2007

Davime Phone #