2000 UNIFORM BUSINESS REPORT (UBR)

APPR"YE A9800000744 DOCUMENT # 1. Entity Name 00 MAR - 3 AM 9: 59 **BUTLER COVES LIMITED PARTNERSHIP** SECRETARY OF STATE Principal Place of Business Mailing Address C/O MICHAEL E. BOTOS//STEEL HECTOR & DAVIS C/O MICHAEL E. BOTOS//STEEL HECTOR & DAVIS 777 S. FLAGLER DR., 1900 PHILLIPS PT. WEST 777 S. FLAGLER DR., 1900 PHILLIPS PT. WEST WEST PALM BEACH FL 33401-6161 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0820659 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOTOS, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) C/O STEEL HECTOR & DAVIS LLP 777 S. FLAGLER DR., 1900 PHILLIPS PT. WEST WEST PALM BEACH FL 33401 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$990.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. \$1,251,000.00 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 13. ADDRESS CHANGES ONLY 12. M97000000886 DOCUMENT # STREET ADDRESS ASHTON WOODS FLORIDA L.L.C. NAME 777 S. FLAGLER DR., 1900 PHILLIPS PT. WEST 000003158110 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 -03/06/00--01069--011 CITY-ST-ZIP ***2276.25 ****526.25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT# FF \$526.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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

CITY-ST-ZIP

STREET ADDRESS

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

February 7, 2000 416 449-1340

CR2E003 (9/99)