2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054000

Entity Name: ASHTON WOODS, LLC

Address:

City-St-Zip:

P.O. BOX 1000

WILDWOOD, FL 34785

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 34028 MATTHEWS COVE ROAD LEESBURG, FL 34788 **Current Mailing Address: New Mailing Address:** P.O. BOX 895430 LEESBURG, FL 34789 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROJAS, RICHARD J 34028 MATTHEWS COVE ROAD LEESBURG, FL 34788 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROJAS, RICHARD J Name: Name: Address: P.O. BOX 895430 Address: City-St-Zip: LEESBURG, FL 34789 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GARNER, JAMES R Name: Address: P.O. BOX 490873 Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DENSON, PATRICK M Name: Name: 33249 TEWKSBURY DRIVE Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCCORMIC INTERNATIONAL, INC. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: RICHARD ROJAS MGRM 04/30/2009