

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90203 020 \*\*\*\*50.00

**DOCUMENT #** M01000000437

**1. Entity Name**

ASHTON ORLANDO RESIDENTIAL L.L.C.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

One N. Clematis Street

Suite, Apt. #, etc.

#400

City & State

West Palm Beach FL

Zip

33401

Country

USA

**3. Mailing Address**

One N. Clematis Street

Suite, Apt. #, etc.

#400

City & State

West Palm Beach FL

Zip

33401

Country

USA

**4. FEI Number**

75-2721878

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Michael E. Botos, P.A.

Street Address (P.O. Box Number is Not Acceptable)

One N. Clematis Street, #400

City

West Palm Beach

FL

Zip Code

33401

**DO NOT WRITE  
IN THIS SPACE**

**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.**

Michael E. Botos, P.A.

**SIGNATURE**

**BY:**

Signature, typed or printed name of registered agent and title if applicable

Michael E. Botos, President

APRIL 10, 2002

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

MGRM

Ashton Woods USA L.L.C.

One N. Clematis Street, #400

West Palm Beach FL 33401

**TITLE  
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IN THIS SPACE**

**11. 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 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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APRIL 11, 2002

Date

416 449-1340

Daytime Phone #

CR2E083B (12/01)