


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

DOCUMENT # M01000000437		
1. Entity Name ASHTON ORLANDO RESIDENTIAL, L.L.C.		

Principal Place of Business 341 N. MAITLAND AVE STE 100 MAITLAND, FL 32751	Mailing Address 341 N. MAITLAND AVE STE 100 MAITLAND, FL 32751
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06032004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
75-2721878

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 255 SOUTH ORANGE AVE STE 1700 ORLANDO, FL 32801	
--	--

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHTON WOODS USA L.L.C. ONE N CLEMATIS STREET # 400 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3751 Victoria Park Ave Toronto Ontario Canada M1W 3Z4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODS, ASHTON W 341 N. MAITLAND AVE STE 100 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300039863273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, KEVIN 341 N. MAITLAND AVE STE 100 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 08/04/04--01015--001 4450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GEHRHARDT, MARY 341 N. MAITLAND AVE STE 100 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

June 14/2004

Date

416 449-1340

Daytime Phone #

By: Harry Rosenbaum