

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000437

FILED
Apr 09, 2008
Secretary of State

Entity Name: ASHTON ORLANDO RESIDENTIAL, L.L.C.

Current Principal Place of Business:

2450 MAITLAND CENTER PARKWAY
SUITE 301
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2450 MAITLAND CENTER PARKWAY
SUITE 301
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 75-2721878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: ASHTON WOODS USA L.L. .C.
Address: 3751 VICTORIA PARK AVE.
City-St-Zip: TORONTO ONTARIO CANADA, CA M1W 3Z4 CA

Title: MGR () Delete
Name: RENY, JOHN
Address: 2450 MAITLAND CENTER PKWY; STE 301
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: GEHRHARDT, MARY
Address: 2450 MAITLAND CENTER PKWY; STE 301
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARY GEHRHARDT

MGR

04/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date