

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 049 ****50.00

DOCUMENT # M01000000437

1. Entity Name

ASHTON ORLANDO RESIDENTIAL, L.L.C.



Principal Place of Business

**ONE N CLEMATIS STREET
400
WEST PALM BEACH FL 33401**

Mailing Address

**ONE N CLEMATIS STREET
400
WEST PALM BEACH FL 33401**

2. Principal Place of Business

341 N. Maitland Ave

3. Mailing Address

341 N. Maitland Ave

Suite, Apt. #, etc.

Ste. 100

Suite, Apt. #, etc.

Ste. 100

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

**BOTOS, MICHAEL E
ONE N CLEMATIS STREET
400
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name: **American Information Services, Inc**

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

255 South Orange Ave., Ste. 1700

City **Orlando**

FL

Zip Code

32801

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

Dean M. Fisher, Asst. Sec.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ASHTON WOODS USA L.L.C.**
STREET ADDRESS **ONE N CLEMATIS STREET # 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Ashton Woods USA LLC**
STREET ADDRESS **341 N. Maitland Ave., Ste 100**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☒ Addition
NAME **Division President**
NAME **Kevin Clark**
STREET ADDRESS **341 N. Maitland Ave., Ste 100**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☒ Addition
NAME **Controller**
NAME **Mary Gerhardt**
STREET ADDRESS **341 N. Maitland Ave., Ste 100**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

4/17/03

Date

407-647-3700

Daytime Phone #

CR2E083 (10/02)

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