

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90273 008 ****50.00

DOCUMENT # M02000000206 1. Entity Name ASHTON WOODS USA L.L.C.						
Principal Place of Business 250 LESMILL ROAD DON MILLS ONTARIO M3B 2T5 CANADA,			Mailing Address 250 LESMILL ROAD DON MILLS ONTARIO M3B 2T5 CANADA,			
2. Principal Place of Business 3751 VICTORIA PARK AVENUE Suite, Apt. #, etc.		3. Mailing Address 3751 VICTORIA PARK AVENUE Suite, Apt. #, etc.				
City & State TORONTO, ONTARIO		City & State TORONTO, ONTARIO		4. FEI Number 75-2721881		
Zip M1W 3Z4		Country CANADA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MICHAEL E. BOTOS, P.A. ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401			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 _____						
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSENBAUM, HARRY 250 LESMILL ROAD ONTARIO M3B 2T5 CANADA, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	3751 VICTORIA PARK AVENUE TORONTO, ONTARIO M1W 3Z4 CANADA <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREEMAN, BRUCE 250 LESMILL ROAD ONTARIO M3B 2T5 CANADA, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	3751 VICTORIA PARK AVENUE TORONTO, ONTARIO M1W 3Z4 CANADA <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOE, SEYMOUR 250 LESMILL ROAD ONTARIO M3B 2T5 CANADA, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	3751 VICTORIA PARK AVENUE TORONTO, ONTARIO M1W 3Z4 CANADA <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	
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:				HARRY ROSENBAUM		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date MARCH 1, 2004 Daytime Phone # 416 449-1340		