

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M02000000206

1. Entity Name
ASHTON WOODS USA L.L.C.



Principal Place of Business
3751 VICTORIA PARK AVE
TORONTO ONTARIO
CANADA M1W 3Z4, XX

Mailing Address
3751 VICTORIA PARK AVE
TORONTO ONTARIO
CANADA M1W 3Z4, XX

FILED

Feb 26, 2007 08:00 AM
Secretary of State



01172007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
75-2721881

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.
420 SOUTH ORANGE AVE.
SUITE 1200
ORLANDO, FL 32801-4904

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROSENBAUM, HARRY
3751 VICTORIA PARK AVE
TORONTO, ONTARIO CANADA, m1w 3z4

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FREEMAN, BRUCE
3751 VICTORIA PARK AVE
TORONTO, ONTARIO CANADA, m1w 3z4

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOFFE, SEYMOUR
3751 VICTORIA PARK AVE
TORONTO, ONTARIO CANADA, m1w 3z4

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000649582
03/07/07-80055-003 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

2/10/2007

Date

Daytime Phone #