2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

250 LESMILL ROAD DON MILLS

ONTARIO M3B 2T5 CANADA

DOCUMENT # M02000000206

1. Entity Name

250 LESMILL ROAD

DON MILLS

ASHTON WOODS USA L.L.C.

Principal Place of Business

ONTARIO M3B 2T5 CANADA

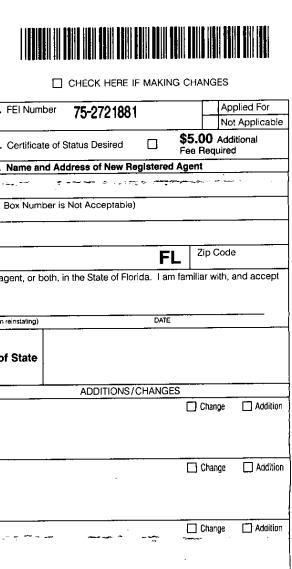
SIGNATURE:



FILED Feb 04, 2003 8:00 am Secretary of State

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BUCAAUUA



2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State)	City & State	City & State			4. FEI Number 75-2721881			plied For t Applicable	
Zip Country 2		Zip	Zip Count		5. Certificate of Status Desired		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				T	7. Name and Address of New Registered Agent					
	The same of the sa			Name		The second of the second of the				
ONE SUIT	HAEL E. BOTOS, P.A. NORTH CLEMATIS STREET E 400 IT PALM BEACH FL 33401			Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Code		
8. The above the obligati	named entity submits this statement for one of registered agent.	or the purpose of changing it	ts register	ed office or regis	tered agent, or be	oth, in the State of Florida.	l am fan	niliar with, a	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				ed Agent signature requ	ired when reinstating)		ATE			
		Make Check Paya	ble to Fl	FEE IS \$50.0 lorida Departn lay 1, 2003						
9. MANAGING MEMBERS/MANAGERS				10. ADDIT			ONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBAUM, HARRY 250 LESMILL ROAD ONTARIO M3B 2T5 CANADA	☐ Delete		1			[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, BRUCE 250 LESMILL ROAD ONTARIO M3B 2T5 CANADA	☐ Delete]	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOFFE, SEYMOUR 250 LESMILL ROAD ONTARIO M3B 2T5 CANADA	Delete	NAM STR	———·	, trape			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	☐ Delete					{	Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete		1			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CIT	ME REET ADDRESS Y-ST-ZIP				Change	☐ Addition	
11. I hereby of indicated limited lia	certify that the information supplied wi on this report is true and accurate an ability company or the receiver or just	th this filing does not qualify d that my signature shall have empowered to execute in	for the exercise report a	emption stated in le legal effect as required by Ch	Section 119.07(3 if made under oa apter 608, Florida	B)(i), Florida Statutes. I furth th; that I am a managing m a Statutes.	er certif nember	y that the ir or manage	iformation r of the	