File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL -9 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LC 7/14

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M97000000886

ASHTON WOODS FLORIDA L.L.C.
ONE EAST FIRST STREET
RENO NV 89501

1a. Principal Place of Business Address

ONE EAST FIRST STREET
RENO NV 89501

2. Principal Place of Business	2a. Mailing Address
777 South Flagler Drive	777 SouthFlagler Drive
Suite, Apt. #, etc.: Suite 1900	Suite, Apt. #, etc.: Suite 1900
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: U.S.A.	Zip: 33401 Country: U.S.A.

3. Date Organized or Qualified: 12/29/1997
3a. State of Formation: NV
4. FEI Number: 75-2721876 ☐ Applied For ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

BOTOS, MICHAEL E
C/O STEEL HECTOR & DAVIS LLP
777 S. FLAGLER DR., 1900 PHILLIPS PT
WEST PALM BEACH FL 33401

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FREEMAN, BRUCE	250 LESMILL ROAD	DON MILLS, ONT., CAN
MGRM	JOFFE, SEYMOUR	250 LESMILL ROAD	DON MILLS, ONT., CAN
MGRM	ROSENBAUM, HARRY	250 LESMILL ROAD	DON MILLS, ONT., CAN

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ April 23, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER OR MANAGER — Date

INHSE10 R (12-97)