

2001 UNIFORM BUSINESS REPORT (UBR)

0013390 AF

DOCUMENT # M97000000886

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

Principal Place of Business
777 SOUTH FLAGLER DRIVE
SUITE 1900
WEST PALM BEACH FL 33401

Mailing Address
777 SOUTH FLAGLER DRIVE
SUITE 1900
WEST PALM BEACH FL 33401

FILED
01 APR 16 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One North Clematis

3. Mailing Address
One North Clematis

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number 75-2721876

Applied For
Not Applicable

Zip Country
33401 US

Zip Country
33401 US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Botos, Michael E.
Street Address (P.O. Box Number is Not Acceptable)
c/o Edwards & Angell LLP
One North Clematis, Suite 400
City West Palm Beach, FL Zip Code 33401

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.

SIGNATURE 3/6/01

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004036676--1
-04/20/01--01118--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, BRUCE 250 LESMILL ROAD DON MILLS, ONT., CANADA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOFFE, SEYMOUR 250 LESMILL ROAD DON MILLS, ONT., CANADA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBAUM, HARRY 250 LESMILL ROAD DON MILLS, ONT., CANADA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

March 5/2001

Date

(416) 449-1340

Daytime Phone #

CR2E083 (11/00)