


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90099 031 \*\*\*\*50.00

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<b>DOCUMENT # M97000000886</b>					
1. Entity Name ASHTON WOODS FLORIDA L.L.C.					
Principal Place of Business ONE NORTH CLEMATIS SUITE 400 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS SUITE 400 WEST PALM BEACH, FL 33401		
2. Principal Place of Business 3751 Victoria Park Ave		3. Mailing Address 3751 Victoria Park Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Toronto Ontario		City & State Toronto Ontario		4. FEI Number 75-2721876	
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  BOTOS, MICHAEL E C/O EDWARDS & ANGELL LLP ONE NORTH CLEMATIS SUITE 400 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 255 South Orange Ave Suite 1700 City Orlando FL Zip Code 32801		
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 <u>John M. Fisher Asst Secy</u> DATE <u>6/3/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3751 Victoria Park Avenue Toronto, Ontario M1W 3Z4 Canada		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3751 Victoria Park Avenue Toronto, Ontario M1W 3Z4 Canada		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3751 Victoria Park Avenue Toronto, Ontario M1W 3Z4 Canada		
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: <u>Harry Rosenbaum</u>		Date: <u>June 14/2004</u>		Daytime Phone #: <u>416 449-1340</u>	