

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001261

1. Entity Name

ASHTON WOODS BUTLER L.L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:55

Principal Place of Business

777 SOUTH FLAGLER DRIVE
1900 PHILLIPS POINT WEST
WEST PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE
1900 PHILLIPS POINT WEST
WEST PALM BEACH FL 33401-6161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0868570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTOS, MICHAEL E
777 SOUTH FLAGLER DRIVE
1900 PHILLIPS POINT WEST
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME FREEMAN, BRUCE
STREET ADDRESS 250 LESMILL ROAD
CITY- ST- ZIP DON MILLS, ONTARIO CANADA M3B -2T5

TITLE ☐ Change ☐ Addition
NAME *np 3/16/00*
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME ROSENBAUM, HARRY
STREET ADDRESS 250 LESMILL ROAD
CITY- ST- ZIP DON MILLS, ONTARIO CANADA M3B -2T5

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003178435--3
CITY- ST- ZIP -03/21/00--01104--011

TITLE MGR ☐ Delete
NAME JOFFE, SEYMOUR
STREET ADDRESS 250 LESMILL ROAD
CITY- ST- ZIP DON MILLS, ONTARIO CANADA M3B -2T5

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 REQUIRED

February 7, 2000 416 449-1340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CF2E083 (9/99)