

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013424 AF

DOCUMENT # M98000001261

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

FILED

01 APR 16 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business One North Clematis Suite, Apt. #, etc. Suite 400 City & State West Palm Beach, FL Zip 33401 Country US	3. Mailing Address One North Clematis Suite, Apt. #, etc. Suite 400 City & State West Palm Beach, FL Zip 33401 Country US
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4. FEI Number 65-0868570	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOTOS, MICHAEL E 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401
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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
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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 <i>[Signature]</i> Michael E. Botos, P.A.	3/6/01 DATE
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FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200004036672--4  
-04/20/01--01118--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREEMAN, BRUCE 250 LESMILL ROAD DON MILLS, ONTARIO CANADA M3B -2T5 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBAUM, HARRY 250 LESMILL ROAD DON MILLS, ONTARIO CANADA M3B -2T5 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOFFE, SEYMOUR 250 LESMILL ROAD DON MILLS, ONTARIO CANADA M3B -2T5 <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
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

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	March 5/2001 Date	(407) 449-1340 Daytime Phone #
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CR2E083 (11/00)