

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90234 038 ****50.00

DOCUMENT # M98000001261

1. Entity Name

ASHTON WOODS BUTLER 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

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BOTOS, MICHAEL E
C/O EDWARDS & ANGELL LLP
ONE NORTH CLEMATIS SUITE 400
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
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **FREEMAN, BRUCE**
CITY-ST-ZIP **250 LESMILL ROAD
DON MILLS, ONTARIO CANADA M3B -2T5**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **ROSENBAUM, HARRY**
CITY-ST-ZIP **250 LESMILL ROAD
DON MILLS, ONTARIO CANADA M3B -2T5**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **JOFFE, SEYMOUR**
CITY-ST-ZIP **250 LESMILL ROAD
DON MILLS, ONTARIO CANADA M3B -2T5**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:**HARRY ROSENBAUM****APRIL 1, 2002****416 449-1340**

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

Date

Daytime Phone #

CR2E083 (9/01)