

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-28-2004 90099 030 ****50.00

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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 3751 Victoria Park Ave Suite, Apt. #, etc.		3. Mailing Address 3751 Victoria Park Ave Suite, Apt. #, etc.			
City & State Toronto Ontario		City & State Toronto Ontario		4. FEI Number 65-0868570	
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><i>Jeff M. Fisher</i></u> 6/3/04 <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	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			
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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			
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><i>Harry Rosenbaum</i></u> June 14/2004 416 449-1340 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		