

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000001261**

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



Principal Place of Business  
3751 VICTORIA PARK AVE  
TORONTO ONTARIO  
CANADA M1W 3Z4,

Mailing Address  
3751 VICTORIA PARK AVE  
TORONTO ONTARIO  
CANADA M1W 3Z4,

**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-LLC

CR2E083 (10/03)

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**

AMERICAN INFORMATION SERVICES, INC.  
255 SOUTH ORANGE AVE  
STE 1700  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000292693  
04/07/05-80080-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FREEMAN, BRUCE  
3751 VICTORIA PARK AVENUE  
ONTARIO, CANADA, m1w 3z4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ROSENBAUM, HARRY  
3751 VICTORIA PARK AVENUE  
TORONTO, ONTARIO, m1w 3z4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOFFE, SEYMOUR  
3751 VICTORIA PARK AVENUE  
TORONTO, CANADA, m1w 3z4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

HARRY ROSENBAUM

MARCH 21/2005 416 449-1340