

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000001261 1. Entity Name ASHTON WOODS BUTLER L.L.C.	
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Principal Place of Business 3751 VICTORIA PARK AVE TORONTO ONTARIO CANADA M1W 3Z4, XX	Mailing Address 3751 VICTORIA PARK AVE TORONTO ONTARIO CANADA M1W 3Z4, XX
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03292006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0868570	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
420 SOUTH ORANGE AVE.
SUITE 1200
ORLANDO, FL 32801-4904**

**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, 2006**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000490235
04/18/06-80049-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

March 30/2006