

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000002017

**Entity Name:** ASHTON OAKS FINANCING PARTNERSHIP, LTD.

**Current Principal Place of Business:**

315 E ROBINSON STREET, SUITE 600  
ATTN: N DWAYNE GRAY JR, ESQ  
ORLANDO, FL 32801

**Current Mailing Address:**

315 E ROBINSON STREET, SUITE 600  
ATTN: N DWAYNE GRAY JR, ESQ  
ORLANDO, FL 32801

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAY, N DWAYNE JR ESQ  
315 E ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # P05000146631  
Name ASHTON OAKS FINANCING GP, INC.  
Address 315 E ROBINSON STREET, SUITE 600,  
ATTN NDG  
City-State-Zip: ORLANDO FL 32801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FABRIZIO LUCCHESI

**PRESIDENT OF GP**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date