

**2015 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M01000000437

**Entity Name:** ASHTON ORLANDO RESIDENTIAL, L.L.C.

**Current Principal Place of Business:**

1064 GREENWOOD BLVD.  
SUITE 124  
LAKE MARY, FL 32746

**Current Mailing Address:**

1405 OLD ALABAMA ROAD  
SUITE 200  
ROSWELL, GA 30076

**FEI Number:** 75-2721878

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** NO CHANGE TO REGISTERED AGENT.

05/12/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BALOGH, KENNETH  
Address 1405 OLD ALABAMA ROAD, SUITE 200  
City-State-Zip: ROSWELL GA 30076

Title AR  
Name RENY, JOHN  
Address 1064 GREENWOOD BLVD.  
SUITE 124  
City-State-Zip: LAKE MARY FL 32746

Title MGR  
Name BOYDSTON, CORY J.  
Address 1405 OLD ALABAMA ROAD  
SUITE 200  
City-State-Zip: ROSWELL GA 30076

Title AVP  
Name AVAZPOUR, SANYA  
Address 1064 GREENWOOD BLVD.  
SUITE 124  
City-State-Zip: LAKE MARY FL 32746

Title ASSISTANT VICE PRESIDENT  
Name BILGRAY, LISA  
Address 1064 GREENWOOD BLVD.  
SUITE 124  
City-State-Zip: LAKE MARY FL 32746

Title SOLE MEMBER  
Name ASHTON WOODS USA L.L.C.  
Address 1405 OLD ALABAMA ROAD  
SUITE 200  
City-State-Zip: ROSWELL GA 30076

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEFANIE LOOMIS

PARALEGAL

05/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date