

2013 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M01000000437

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

Current Principal Place of Business:

2450 MAITLAND CENTER PARKWAY
SUITE 301
MAITLAND, FL 32751

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:

CORPDIRECT AGENTS, 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:

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 2450 MAITLAND CENTER PKWY; STE 301
City-State-Zip: MAITLAND FL 32751

Title AR
Name SMALL, PETE
Address 2450 MAITLAND CENTER PKWY; STE 301
City-State-Zip: MAITLAND FL 32751

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

Title AVP
Name SCHLAGETER, ASHLEY L.
Address 2450 MAITLAND CENTER PARKWAY SUITE 301
City-State-Zip: MAITLAND FL 32751

Title AVP
Name LUNDIN, BARRY A.
Address 2450 MAITLAND CENTER PARKWAY SUITE 301
City-State-Zip: MAITLAND FL 32751

Title ASSISTANT VICE PRESIDENT
Name BILGRAY, LISA
Address 2450 MAITLAND CENTER PARKWAY SUITE 301
City-State-Zip: MAITLAND FL 32751

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CORY BOYDSTON

MANAGER

08/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date