2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M01000000437

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

FILED Aug 12, 2021 Secretary of State 3239944713CC

Current Principal Place of Business:

1064 GREENWOOD BLVD.

SUITE 124

LAKE MARY, FL 32746

Current Mailing Address:

1064 GREENWOOD BLVD.

SUITE 124

City-State-Zip:

LAKE MARY, FL 32746 US

FEI Number: 75-2721878 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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. 08/12/2021

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR

BOYDSON, CORY J. BALOGH, KEN Name Name

Address 3820 MANSELL ROAD Address 3820 MANSELL ROAD SUITE 400

SUITE 400

ALPHARETTA GA 30022 City-State-Zip: ALPHARETTA GA 30022 City-State-Zip:

Title SOLE MEMBER Title AUTHORIZED REPRESENTATIVE

ASHTON WOODS USA L.L.C. Name Name TRAYNOR, JACK

3820 MANSELL ROAD 1064 GREENWOOD BLVD Address Address

> SUITE 400 SUITE 124

ALPHARETTA GA 30022 LAKE MARY FL 32746 City-State-Zip: City-State-Zip:

Title **AUTHORIZED REPRESENTATIVE** Title AVP

FITZPATRICK, DANIEL WALKER, LISA Name Name

Address 1064 GREENWOOD BLVD SUITE 124 1064 GREENWOOD BLVD SUITE 124 Address

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title AVP Title **AUTHORIZED REPRESENTATIVE**

Name WILLIAMS, REED Name CALHOUN, ANDON

Address 1064 GREENWOOD BLVD SUITE 124 1064 GREENWOOD BLVD. Address

> SUITE 124 City-State-Zip: LAKE MARY FL 32746 LAKE MARY FL 32746

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. 08/12/2021 SIGNATURE: STEFANIE R LOOMIS **PARALEGAL**

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