

**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.  
515 EAST PARK AVENUE  
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:**

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

Title MGR  
Name ROSENBAUM, HARRY  
Address 3751 VICTORIA PARK AVE  
City-State-Zip: TORONTO ONTARIO CANADA ON M1W 3-Z4

Title MGR  
Name BOYDSTON, CORY J.  
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 MGR  
Name FREEMAN, BRUCE  
Address 3751 VICTORIA PARK AVE  
City-State-Zip: TORONTO ONTARIO CANADA ON M1W 3-Z4

Title MGR  
Name JOFFE, SEYMOUR  
Address 3751 VICTORIA PARK AVE  
City-State-Zip: TORONTO ONTARIO CANADA ON M1W 3-Z4

Title ASSISTANT VICE PRESIDENT  
Name LUNDIN, BARRY A  
Address 1534 INDIAN DANCE COURT  
City-State-Zip: MAITLAND FL 32751-4510

**Continues on page 2**

*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: PETER SMALL**

AR

03/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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