2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A01000001007 DOCUMENT

Yash Pal Kakkar, Secretary

SIGNATURE:

Creative Choice Homes XXI, Inc., G.P. | RE

1. Entity Name

CREATIVE CHOICE HOMES XXI, LTD.



FILED

03 FEB 20 AM 10: 26

SECRETARY OF STATE TALEAHASSEE, BLORIDA

1/30/03

(561) 627-7988

Daytime Phone #

Principal Place of Business 4243 NORTHLAKE BOULEVARD. SUITE D PALM BEACH GARDENS FL 33410			Mailing Address 4243 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410			LIBERTAN SEE: REURIUA	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		- ,	DUE BY MAY 1, 2003	
City & State			City & State			4. FEI Number 65-1129940 Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent	
BAROT, DILIP					Name		
4243 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410				Street Address (F		ess (P.O. Box Number is Not Acceptable)	
					City	FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. \$7,500.00 10. Amount of Capital Contributions in FLORIDA to date				date.	SEE REVERSE SIDE FOR FEE INFORMATION		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION				13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	AME CREATIVE CHOICE HOMES XXI, INC. 4243 NORTHLAKE BOULEVARD, SUITE D				-ST-ZIP	998813547789 93/95/9301043023 **150.00	
DOCUMENT #				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		•	CITY-ST-ZIP				
DOCUMENT / NAME				STRE	ET ADORESS		
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP	h /	
DOCUMENT # NAME				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-	·ST-ZIP	VOJ	
DOCUMENT # : NAME				STREE	ET ADDRESS		
C11T-51-ZIP				CITY-	ST-ZIP		
DOCUMENT # NAME				STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				<u> </u>	ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 629. Florida Statutes							