FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 AM 11: 28

1. Name of Limited Partnership	1a. DOCUME A32371	ENT #			
CREATIVE CHOICE HOMES II, L					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
4243 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410	4243 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410		12/13/1991 3a. Date of Last Report	\$250,000.00	
FREM DEMON CANDENS PL 30410	PALM BEACH GARDENS FE 33410		12/01/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
	Corte And di ata		FL .		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		65-0297630	Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
	Name				
DILIP, BAROT		Street Address (P.	dress (P.O. Bax Number is Not Acceptable) 2/19/98-11024		
4243 D NORTHLAKE BLVD.		Suite, Apt. #, etc. ####526 , 25 ####526 , 25			
DALLA DESCUI CARDENIO EL COMO					
PALM BEACH GARDENS FL 33410		City FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of sections.	tered agent, or both, in the State of Florid	limited partnership o a. Such change was	organized or registered under the laws of the authorized by its general partner(s). I hereby	State of Florida, submits this statement accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			DATE	D DUOLINGO ENTITY	
A GENERAL PARTNER THAT IS MUST I	S A CORPORATION, L SE REGISTERED AND	ACTIVE V	WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		b. City, State & Zip Code	11c. Registration/ Document Number	
CREATIVE CHOICE HOMES INC.	4243 NORTHLAKE BLVD.		PALM BCH GARDENS FL	V00242	
Creative Choice Homes, Inc.				200	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Anha D. L	exai Secretary, En	abre Chorce Hornes, I	20. 6P DATE 11-12-93	
	1 - 10 / 3/5		ime Telephone Number <u>56/-627-7988</u>	1 10
Typed or Printed Name of General Partner Signing Fo	m Miha O. Lancz	C De Cre-Tary Dayt	ime Telephone Number 36/ -6/ / /100	XCAY