


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 MAR -1 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32371	
1. Entity Name CREATIVE CHOICE HOMES II, LTD.	

Principal Place of Business 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410	Mailing Address 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01212004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0297630	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DILIP, BAROT 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410		Name Street Address (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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$8,304,549.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P95000028253	STREET ADDRESS	
NAME	CREATIVE CHOICE HOMES II, INC.	CITY-ST-ZIP	
STREET ADDRESS	4243 NORTHLAKE BLVD., SUITE D		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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03/05/04--D1065--008 **535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 820, Florida Statutes

SIGNATURE: Yash Pal Kakkar, Secretary of GP	1/21/04	(561) 627-7988
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE