

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -1 PM 12:59



1. Name of Limited Partnership **1a. DOCUMENT #**
A94000000386

CREATIVE CHOICE HOMES X, LTD.

Mailing Address 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410		Principal Office Address 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410		3. Date Formed or Registered 03/24/1994	5a. Capital Contributions as Shown on record. \$2,059,447.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 11/26/1996	
				4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
				6. FEI Number 65-0476991	☐ Applied For ☐ Not Applicable
				7. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent BAROT, DILIP 4243 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) CREATIVE CHOICE HOMES X, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4243 NORTHLAKE BLVD.	11b. City, State & Zip Code PALM BEACH GARDENS FL	11c. Registration/Document Number P94000020895
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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 Anitra D. Lanzetta, Secretary of Creative Choice Homes X, Inc. DATE 11-24-97
Typed or Printed Name of General Partner Signing Form: Anitra D. Lanzetta Daytime Telephone Number 561-627-7988 x614

CR2E003 (6/97)