

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 18 AM 11:08

DOCUMENT # A94000000386

1. Entity Name  
CREATIVE CHOICE HOMES X, 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0476991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAROT, DILIP  
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

Signature, typed or printed name of registered agent and true if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$2,059,447.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # P94000020895  
NAME CREATIVE CHOICE HOMES X, INC.  
STREET ADDRESS 4243 NORTHLAKE BLVD., SUITE D  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 620, Florida Statutes.

SIGNATURE:

Yash Pal Kakkar, Secretary of GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/05 (561) 627-7988

Date

Daytime Phone #

STAPLE CHECK HERE