## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

## DOCUMENT #A9400000386

1. Entity Name CREATIVE CHOICE HOMES X, LTD.

Principal Place of Business

4243NORTHLAKEBLVD., SUITED PALMBEACHGARDENS, FL33410

Mailing Address

4243NORTHLAKEBLVD.,SUITED PALMBEACHGARDENS,FL33410

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



03022006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0476991 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROT, DILIP 4243 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

PALM BEACH GARDENS, FL 33410		IN THIS SPACE	
8. The above the obligation	named entity submits this statement for the purpose of changing its re- tions of registered agent.	Ligistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	00	
	A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P94000020895 CREATIVE CHOICE HOMES X, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410	<b>400069544534</b> 04/05/0601040003 **508.75	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
DOCUMENT #	·		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shallhave ine same logar 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 630. Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCEMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

STAPLE CHECK HERE

Yash Pal Kakkar, Secretary of GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

\_\_3/09/06

(561) 627-7988

Date

Daytime Phone #