FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A940000000998

CREATIVE CHOICE HOMES XII, LTD.

96 NOV 26 AM 8: 38



Ing Address // CREATIVE CHOICE HOMES XII. INC. 243 NORTHLAKE BLVD SUITE D ALM BEACH GARDENS FL 33410 Princ pal Office Address C/O CREATIVE CHOICE HOMES XII. INC. 4243 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS FL 33410		INC.	3. Date Formed or Registered 07/22/1994 3a. Date of Last Report 01/24/1996	5a. Capital Contributions as Shown on record. \$2,500.00	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address		FL.	\$ 2,500.00	
Suite, Apt. #, etc	Suite. Apt. #, etc.		6. FEI Number 65-0505296	Applied For	
City & State	City & State			Not Applicable	
Zip Country	Zip Cou	ntry	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. o	f State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
BAROT, DILIP	Ni	ame		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C/O CREATIVE CHOICE HOMES XII, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
		City FL Zip Code			
sigent 1 am lamelar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Florida Sons of section 620.192 Florida Statutes.	Such change was a	uthorized by its general partner(s). I her	eby accept the appointment of registered	
11. Name(s) of General Partner(s)	Address of Each General Part			11c. Registration/	
CREATIVE CHOICE HOMES XII, I	4243 NORTHLAKE BOULEV	, , , , , , , , , , , , ,	ALM BEACH GARDENS FL	P94000053864	
ı			000002: -12/05. *****2	0212700 /9601079013 00.00 ****200.00	
Note: General partners MAY NO	OT be changed on this form: a	n amendm	ent must be filed to ch	ange a general partner.	

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

empowered to execute this report as required by chapter 620. Florida Statules

Barpt, Dilip

President

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

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

DATE 11-12-94 (561)627-7988

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