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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	DOCUMENT # A9400000998  1. Entity Name CREATIVE CHOICE HOMES XII, LTD.							05 MAR 18 AM 10: 42			
	Principal Place of Business C/O CREATIVE CHOICE HOMES 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410			C/ 42 P/	Mailing Address C/O CREATIVE CHOICE HOMES 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS, FL 334		3410	$ar{\Omega}$ . Herefore is the fire that the fire that the fire the f		116 (1818) 1818) 181 188)	
	2. Principal Place of Business			3. 1	Mailing Address						
	Suite, Apt. #, etc.			\$	Suite, Apt. #, etc.		•	02212005	Chg-LP (	CR2E003 (	(10/03)
	City & State			(	City & State			4. FEI Number 65-0505296		Applied For Not Applicable	
Ì	Zip Country		2	Zip Co		itry	-	f Status Desired		75 Additional Required	
}	6. Name and Address of Current F			ırrent Regist	ered Agent	1	Name	7. Name and A	Address of New Regis		
	BAROT, DILIP 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)				
•	PALM BEACH GARDENS, PE 35410			U			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 the obligations of registered agent.									iar with, and accept	
	SIGNATURE Signature, typed or printed name of registered agent and bits if applicable.  DATE										
	9. Capital Contributions as Shown on record. \$5,198,707.00 10. Amount of Capital Cin FLORIDA to date						outions				
	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.										
ļ	12. GENERAL PARTNER INFORMATION					13.			ADDRESS CHANG		
	DOCUMENT / NAME STREET ADDRESS		53864 'E CHOICE HOME RTHLAKE BOULE	-	NC. SUITE D		ET ADORESS				•
Ì	CITY+ST-ZIP  DOCUMENT #	PALM BE	FL 33410	0		-37-211	<del></del>		<del></del>		
	NAME STREET ADDRESS						ET ADDRESS				
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	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 street 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 920. Fords Statutes										
.	SIGNAT	SIGNATURE: Yash Pal Kakkar, Secretary of GP 2/22/05 (561) 627-7988									