

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000002525 1. Entity Name CREATIVE CHOICE HOMES XIV, LTD.						<div style="text-align: center;"> FILED 04 MAR -2 AM 10:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="font-size: 2em; margin-top: 10px;">BAC</div>	
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 Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 65-0802359				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAROT, DILIP C/O CREATIVE CHOICE HOMES XIV, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$6,074,982.00				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 #	P97000098825			STREET ADDRESS			
NAME	CREATIVE CHOICE HOMES XIV, INC.			CITY-ST-ZIP			
STREET ADDRESS	4243 NORTHLAKE BLVD., SUITE D			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
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CITY-ST-ZIP				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				1/22/04 (561) 627-7988			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			

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