2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytime Phone #

DOCUMENT # A97000002525 1. Entity Name CREATIVE CHOICE HOMES XIV, LTD.							05 MAR 18	AM IO	43	
4243 NORTHLAKE BLVD., SUITE D			Mailing Address 4243 NORTHLAKE BLVD., SUITE D			J				
PALM BEACH	GARDENS, FL 33410	PALN	I BEACH GARDENS	5, FL 33410	· (1	S THE STATE OF COLUMN STATE OF				
2. Principal Place of Business		3. Mail	3. Mailing Address							
Suite, Apt. #, etc.		Suite	e, Apt. #, etc.			02212005	Chg-LP	CR2E003	3 (10/03)	
City & State		City	& State			4. FEI Number 65-08023	59	,	Applied For	
Zip	Country	Zip		Country		5. Certificate of	Status Desired		3.75 Additional e Required	
Name and Address of Current Registered Agent					·	7. Name and A	idress of New Reg	stered Age	ent	
BAROT, DILIP					Name					
C/O CREATIVE CHOICE HOMES XIV, INC. 4243 NORTHLAKE BLVD., SUITE D				S	Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS, FL 33410							,			
6 Th					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 title if appticable.										
9. Capital Contributions as Shown on record. \$6,074,982.00 10. Amount of Capital Coin FLORIDA to date.					ons .				-	
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 P	13.			ADDRESS CHAN		<u></u>			
DOCUMENT # NAME	P97000098825 CREATIVE CHOICE HOMES XIV, INC.				ODRESS					
STREET ADDRESS CITY-ST-ZIP	4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410			CITY-ST-Z	ZIP					
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NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-2	ZIP					
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14. I hereby of indicated the receiv	ertify that the information suppl on this report is true and accur er or trustee empowered to exe	ied with this filing ate and that my si cute this report a	does not qualify for gnature shall have t s required by Chapt	the exemption the fame legiter 520, Florid	ion stated in Sec pal effect as if m da Sparuyes	otion 119.07(3)(i), ade under oath th	torida Statutes. I fu at I am General P	rther certify artner of the	that the information imited partnershi	n ip or
SIGNATURE: Yash Pal Kakkar, Secretary of GP 2/22/05 (561) 627-7988										