200	Due By May 1, 2006						
1. Entity Nar	MENT # A970000 PE CHOICE HOMES XIV		2	006 HAR 27	-ED AM 9: 24		
Principal Place of Business 4243NORTHLAKEBLVD.,SUITED PALMBEACHGARDENS,FL33410		Mailing Address 4243NORTHLAKEBLVD.,SUF PALMBEACHGARDENS,FL334		7 TA	SECRETARY OF STATE ALLAHASSEE, FLORIDA		
[E IN THIS SPA	ACE	03082006 No 4. FEI Number 65-080235 5. Certificate of S	Chg-LP	CR2E003 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
BAROT, D	6. Name and Address of Cur			DO N	OT WE	ITE	
4243 NOF	C/O CREATIVE CHOICE HOMES XIV, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410			DO NOT WRITE IN THIS SPACE			
the obliga	tions of registered agent.	nt for the purpose of changing its regis	tered office or registe	ered agent, or both, in	the State of Florida	a. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.				DATE	
		IOW!!! FEE IS \$500.00 1, 2006, Fee will be \$900.00					
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS ENTITY MAY NOT be changed on the fo	MUST BE REGIS	TERED AND ACT	IVE WITH THIS change a gene	OFFICE. ral partner.	
12.		INER INFORMATION	- 1131				
DOCUMENT # NAME	P97000098825 CREATIVE CHOICE HOMES	SXIV INC		·			
STREET ADDRESS	1	•		800	joëst.	<u>44678,</u>	
CITY-ST-ZIP	12.10.11.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12				800069544678 04/05/0601040006 **508.75		
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DOCUMENT # NAME STREET ADDRESS CITY ST. 7/9							
<u> </u>							
DE DOCUMENT#							

14. I hereby certify that the information supplied with this filling 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 shall have the same logal 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 629, Florida Statutes. 3/09/06

SIGNATURE:

, STREET ADDRESS CITY-ST-ZIP

Yash Pal Kakkar, Secretary of GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(561) 627-7988

Daytime Phone #