2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

Yash Pal Kakkar

SIGNATURE: Creative Choice Homes Art

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNONG GENERAL PARTINER

CHECK

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FILED DOCUMENT # A97000002525 03 APR 18 AM 8: 22 1. Entity Name CREATIVE CHOICE HOMES XIV, LTD. SECLETAR OF STATE TALLADASSEE REORIDA Principal Place of Business Maiting Address 4243 NORTHLAKE BLVD., SUITE D 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State 4. FEI Number Applied For 65-0802359 Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAROT, DILIP C/O CREATIVE CHOICE HOMES XIV, INC. Street Address (P.O. Box Number is Not Acceptable) 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410 City 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 Signatures, synetch or printed name of regissered agent and life if applicable. DATE MAKE CHECK PAYABLE TO FL. DEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$6,074,982.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY .12. CRZE003 (10/02) **Д**ВОСИМ**Е**НТ ₹ P97000098825 STREET ADDRESS CREATIVE CHOICE HOMES XIV, INC. TAME STREET ADDRESS 4243 NORTHLAKE BLVD., SUITE D CITY -ST-7/P PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP DOCUMENT F 600016955476 /21/83 - 01036 - 021 - ***535 STREET ADDRESS m STREET ADDRESS CITY -ST-ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ACCRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY -ST-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not availfy 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 synature 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

4/8/03

GP

Inc,

(561) 627-7988

Cayrime Phone #