## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P94000050003

1. Entity Name

CREATIVE CHOICE HOMES XI, INC.



Principal Place of Business

4243NORTHLAKEBLVD..SUITED PALMBEACHGARDENS,FL33410 Mailing Address

4243NORTHLAKEBLVD.,SUITED PALMBEACHGARDENS,FL33410 FILED

2006 HAR 27 AM 9: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA



03072006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0540072

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BAROT, DILIP 4243 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its re	gistered office o	r registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	rapplicable. (NOTE: Re	egistered Agent signa	ture required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	TDP	•			
NAME	BAROT, DILIP				
STREET ADDRESS	4243 NORTHLAKE BLVD., SUITE D			c r	00069631805
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410				/NGN1029N20 88158 75

SVP TITLE NAME WEIR, JOHN F STREET ADDRESS 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410 CITY-ST-7IP TITLE NAME KAKKAR, YASH PAL STREET ADDRESS 4243 NORTHLAKE BLVD., SUITE D CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not apartly to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Yash Pal Kakkar, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/06

(561) 627-7988

Daytime Phone #