## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## DOCUMENT # A01000000754



APTHED WE WAREHOUSE INVESTMENTS XIV, LTD. 2004 FEB 23 PM 12: 32 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 10165 N.W. 19TH STREET 10165 N.W. 19TH STREET MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-LP CR2E003 (10/03) Applied For City & State 4. FEI Number City & State 65-1109867 Not Applicable Country Country \$8.75 Additional Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EASTON, EDWARD W Street Address (P.O. Box Number is Not Acceptable) 10165 N.W. 19TH STREET MIAMI, FL 33172 City Zip Code FL 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 applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000.00 as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. L01000008726 DOCUMENT # STREET ADDRESS EWE WAREHOUSE INVESTMENTS XIV, LLC NAME STREET ADDRESS 10165 N.W. 19TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 400030063984 03/03/04--01026--005 \*\*167.50 DOCUMENT # STREET ADDRESS NAME 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 ADDRESS CITY-ST-ZIP CITY-SY-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS

ITY-ST-ZIP

EDWARD W. EASTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER