

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 17 AM 9:54**

1. Name of Limited Partnership

1a. DOCUMENT #
A32073

MIDLAND PROPERTIES LIMITED PARTNERSHIP XIV

Mailing Address

**33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 34615**

Principal Office Address

**33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 34615**

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

33755

33755

3. Date Formed or Registered

10/08/1991

3a. Date of Last Report

12/26/1996

4. State or Country of Formation

FL

6. FEI Number

59-3089506

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record

\$1,467,962.50

5b. Amount of Capital Contributions in FL ORIDA to date:

☐ Applied For
☐ Not Applicable

\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

**MIDLAND FINANCIAL HOLDINGS, INC.
33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 34615**

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code
33755

10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

MIDLAND EQUITY CORP.

33 NORTH GARDEN AVENUE

**CLEARWATER FL 34615
33755**

K22808

**Midland Equity II Limited Partnership
(see attached filings)**

**200002380702-5
-12/23/97--01070--001
****541.25 ****541.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Ray F. Mathis, President

DATE **12/9/97**

(813) 461-4801

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (6/97)