## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A32073

## FILED

98 DEC 24 AM 10: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MIDLAND PROPERTIES LIMITED PARTNERSHIP XIV					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
33 NORTH GARDEN AVENUE, SUITE 1200	33 NORTH GARDEN AVENUE. SUITE 1200		10/08/1991		
LEARWATER FL 33755 CLEARWATER FL 33755		3a. Date of Last Report	\$1,467,962.50		
			12/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	wate.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-3089506 7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip Country			\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. of S	itate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
MIDLAND FINANCIAL HOLDINGS, INC.		Name			
33 NORTH GARDEN AVENUE, SUITE 1200		Street Address (P.O. B	reet Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 33755		Suite, Apt. #, etc.			
		City	****52		
agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT IS MUST		IMITED PART	INERSHIP OR OTHEI	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 444	City, State & Zip Code	11c. Registration/	
MIDLAND EQUITY II LIMITED PA		33 NORTH GARDEN AVENU CL		B97000000440	
Note: General partners MAY NOT b	ne changed on this form	; an amendme	nt must be filed to cha	nge a general partner.	
1 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 perfort as required by chapter 620, Florida Statutes.					
SIGNATURE					
Typed or Printed Name of General Partner Signing Form Ray F. Mathis, President Daytime Telephone Number (727) 461-4801					