

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

FILED

99 JUN 15 PM 4:32

SECRET
DIVISION OF CORPORATIONS



1. Name of Limited Partnership

1a. DOCUMENT #
A94000001499

NEWPORT PARTNERS XIV, LTD.

Mailing Address

Principal Office Address

300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746

300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country

3. Date Formed or Registered

11/08/1994

3a. Date of Last Report

12/16/1997

4. State or Country of Formation

FL

6. FEI Number

59-3279852

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

\$4,056,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

CAHALL, PETER S
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746

Name

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

Suite, Apt. #, etc

City

10. If changed, new Registered Agent/Office

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 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

~~NEWPORT PARTNERS XIV, LTD.~~
Newport Partners, Inc.

300 INTERNATIONAL PAR

HEATHROW FL 32746

A94000001499
V35049

SECRET
02/08/99 01021-001
****526.25 ****526.25

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

DATE 12-1-98

Typed or Printed Name of General Partner Signing Form

Peter S Cahall

Daytime Telephone Number 407 323 8905

CR2E003 (8/98)