

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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 98 APR -8 AM 11:44 	
1. Name of Limited Partnership EPOCH INVESTORS XIV, LTD.		1a. DOCUMENT # A97000002646			
Mailing Address 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746		Principal Office Address 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746		3. Date Formed or Registered 12/08/1997	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation FL	
5a. Capital Contributions as Shown on record \$100.00		5b. Amount of Capital Contributions in FLORIDA to date:		6. FEI Number ☒ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)			

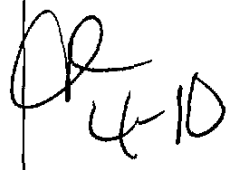
9. Name and Address of Current Registered Agent SELBY, C. THOMAS 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		100002488171--5 -04/14/98--01057--014 ****141.25 FL 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) EPI XIV, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 INTERNATIONAL PAR	11b. City, State & Zip Code HEATHROW FL 32746	11c. Registration/Document Number .P07000003201 P97-103281 
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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 _____

4/6/98

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (12/97)