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

A98000002150

LIMITED PARTNERSHIP ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 15 AM 8: 10

1. Name of Limited Partnership
2NH6 LR XIV, LTD

1a. DOCUMENT #
A98000002150

99-APL(ws)
CM
150.00-FF

Mailing Address
2295 Corporate Blvd.
N.W., Ste. 222
P.O. Box 5010
Boca Raton, Fl
33431-0810

Principal Office Address
2295 Corporate Blvd.
N.W., Ste 222
Boca Raton, Fl
33431-0810

3. Date Formed or Registered
09/09/98

3a. Date of Last Report

5a. Capital Contribution as shown on record
$100.00

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address

2a. Principal Office Address

Suite, Apt # etc | Suite, Apt # etc

City & State | City & State

Zip | Country | Zip | Country

4. State or Country of Formation
Florida

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
Herrick, Norton
2295 Corporate Blvd.
N.W., Ste. 222
Boca Raton, Fl
33431

10. If changed, new Registered Agent & Office

Name

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

Suite, Apt #, etc.

City **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
G-P2NH6 LR XIV, Inc.	2295 Corporate Blvd. N.W., Ste 222	Boca Raton, Fl 33431	P98000079704

CR2E003 (8/98)

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 or receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 12/10/98

Typed or Printed Name of General Partner Signing Form: Norton Herrick, Pres G-P2NH6 LR XIV, Inc. Daytime Telephone Number: 561 241 9880