2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001306

1. Entity Name

LMK ASSOCIATES XIV, LTD.

Principal Place of Business	Mailing Address
5310 N.W. 33RD AVENUE, SUITE 219	5310 N.W. 33RD AVENUE, SUITE 219
FT. LAUDERDALE FL 33309	FT. LAUDERDALE FL 33309-6300

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number 65-0942080

Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
	Name
BARBER, KENNETH T	Street Address (P.O. Box Number is Not Acceptable)
5310 N.W. 33RD AVENUE, SUITE 219	
FT. LAUDERDALE FL 33309	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. $100.00	**10.** Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO DEPT. OF STATE** SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	**13.** ADDRESS CHANGES ONLY
DOCUMENT # P99000032696 NAME TRION VENTURES XIV, INC. STREET ADDRESS 5310 N.W. 33RD AVENUE, SUITE 219 CITY-ST-ZIP FT. LAUDERDALE FL 33309	STREET ADDRESS CITY-ST-ZIP 5000031281 35---0
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership, or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED   1-28-2000   954-731-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #