2004 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A99000001306 LMK ASSOCIATES XIV, LTD. Principal Place of Business Mailing Address 5310 N.W. 33RD AVENUE, SUITE 219 5310 N.W. 33RD AVENUE, SUITE 219 SECRETARY OF STATE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. OO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0942080 Zip Zip Country Country 5. Certificate of Status Des 6. Name and Address of Current Registered Agent 7. Name and Address Name BARBER, KENNETH T. Street Address (P.O. Box Number is Not Acc 5310 N.W. 33RD AVENUE, SUITE 219 FT. LAUDERDALE FL 33309 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. e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$100.00 as Shown on record. in FLORIDA to date. 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 DOCUMENT # P99000032696 STREET ADDRESS TRION VENTURES XIV, INC. STREET ADDRESS 5310 N.W. 33RD AVENUE, SUITE 219 CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33309 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS -06/06/01--01086--011 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption s spated in Section 1/19.07(3)(i), Florida Statutes. I further certify that the information iffect as if made under oath; that I am a General Partner of the limited partnership or indicated on this report is true and accurate and that my signature shall have the same legal the receiver or trustee empowered to execute this report as required by Chapter 620, Florid BY TRION VENTURES XIV KENNETHIT BARBER PRESIDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER