

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001306

Entity Name

LMK ASSOCIATES XIV, LTD.

FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5310 N.W. 33RD AVENUE, SUITE 219
FT. LAUDERDALE FL 33309

Mailing Address

5310 N.W. 33RD AVENUE, SUITE 219
FT. LAUDERDALE FL 33309

2. Principal Place of Business

4901 N. FED. HWY
Suite, Apt. #, etc. 100

3. Mailing Address

4901 N. FED. HWY.
Suite, Apt. #, etc. 100

DUE BY MAY 1, 2002

City & State

FT. LAUDERDALE, FL
Zip 33308 Country

City & State

FT. LAUDERDALE, FL
Zip 33308 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

BARBER, KENNETH T

5310 N.W. 33RD AVENUE, SUITE 219
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

4901 N. FEDERAL HWY #100

City FT. LAUDERDALE

FL

Zip Code 33308

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.

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

DOCUMENT # P99000032696
NAME TRION VENTURES XIV, INC.
STREET ADDRESS 5310 N.W. 33RD AVENUE, SUITE 219
CITY-ST-ZIP FT. LAUDERDALE FL 33309

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4901 N. FEDERAL HWY #100
CITY-ST-ZIP FT. LAUDERDALE, FL. 33308

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 000005577190--1
CITY-ST-ZIP -05/21/02--01056--021
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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/2002 954-491-3848

CR2E003 (9/01)