


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001306</b> 1. Entity Name LMK ASSOCIATES XIV, LTD.	
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Principal Place of Business 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE, FL 33308	Mailing Address 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE, FL 33308
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0942080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BARBER, KENNETH T 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE, FL 33308	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

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

**DO NOT WRITE IN THIS SPACE**

U00000715392-  
04/27/07-80062-015 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4-16-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE