

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B04000000310

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** 2514 MULTI-STRATEGY FUND L.P.

**Current Principal Place of Business:**

C/O LCM GROUP HOLDINGS, INC  
15310 AMBERLY DRIVE, SUITE 220  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LCM GROUP HOLDINGS, INC  
15310 AMBERLY DRIVE, SUITE 220  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 51-0511786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LCM GLOBAL PARTNERS LLC  
Address: 15310 AMBERLY DRIVE, SUITE 220  
City-St-Zip: TAMPA, FL 33647

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID BROWNLEE

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04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date