


LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 98000000625	
1. Entity Name BVT CAPITAL PARTNERS XIV, LP	

FILED

2003 NOV 10 PM 4:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

G00024097576

10/24/03--01072--004 **528.25
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2. Principal Place of Business 3350 RIVERWOOD		3. Mailing Address	
Suite, Apt. #, etc. 1500		Suite, Apt. #, etc.	
City & State Atlanta GA		City & State	
Zip 30339	Country	Zip	Country

DUE BY MAY 1

4. FEI Number
58-241 8885

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYS.
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
City
Plantation FL Zip Code
33324

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **260,000**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	BVT DEVELOPMENT CORP	STREET ADDRESS	
NAME	3350 RIVERWOOD PKWY	CITY-ST-ZIP	
STREET ADDRESS	Suite 1500		
CITY-ST-ZIP	Atlanta GA 30339		
DOCUMENT #	980000004283	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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IN THIS SPACE**

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

11/7/03

Date

770-618-3500

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)