2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000008726

. Entity Name [WE WAREHOUSE INVESTMENTS XIV, LLC



FILED
Feb 23, 2004 08:00 AM
Secretary of State

Principal Place of Business

10165 N.W. 19 ST. MIAMI, FL 33172 Mailing Address

10165 N.W. 19 ST. MIAMI, FL 33172



01262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1107775 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTON, EDWARD W 10165 NW 19 STREET MIAMI, FL 33172

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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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					
			d office or registered agent, or bo	oth, in the State of Fiorida.	I am familiar with, and accept
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Filing Fee is \$50.00 Due by May 1, 2004 (NOTE. Registered Agent signature required when reinstating)

DATE

U00000063711 02/23/04-80172-024 55.00

MANAGING MEMBERS/MANAGERS

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

9. MGRM TITLE EASTON, EDWARD W NAME STREET ADDRESS 10165 NW 19 STREET MIAMI, FL 33172 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

EDWARD W. EASTON

420/04 (306) 593.2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE