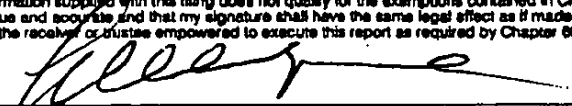


FILED
Jun 01, 2007 8:00 am
Secretary of State

04-30-2007 90179 001 ***250.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000001972			
1. Entity Name SCI NORTHBAY COMMERCE FUND 14, LLC			
Principal Place of Business 11620 WILSHIRE BLVD., SUITE 300 LOS ANGELES, CA 90025		Mailing Address 11620 WILSHIRE BLVD., SUITE 300 LOS ANGELES, CA 90025	
2. Principal Place of Business - No P.O. Box # 21 Kari Circle		3. Mailing Address Suite, Apt. #, etc.	
City & State Asheville, NC		City & State	
Zip 28715	Country USA	Zip	Country
4. FEI Number 02062007		Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☒ Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____			
Filing Fee is \$80.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAHON, TERRY L P.O. BOX 1708-A ENKA, NC 28328-A ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	21 Kari Circle Asheville, NC 28715 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. 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 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: 		Date 3-1-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	