2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 22, 2004 08:00 AM Secretary of State DOCUMENT # P93000034000 BAMCO XIV. INC. Principal Place of Business Meiling Address 2129 NE 61ST COURT 2129 NE 61ST COURT FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 03172004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0522379 Not Applicable \$8.75 (100000000) 5. Certificate of Status Desired____ THE REAL PROPERTY. 6. Name and Address of Current Registered Agent O'LEARY, MICEAL DO NOT WRITE 2129 NE 61ST COURT FT. LAUDERDALE, FL 33308 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 (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 BULLEO FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PSTD THEE O'LEARY, MICEAL NAME STREET ADDRESS 2129 NE 61ST COURT Cify-ST-ZIP FT. LAUDERDALE, FL 33308 TELE NAME STREET ADDRESS CITY -ST-ZIP NAME STREET ADDRESS DO NOT WRITE Caty-St-ZIP IN THIS SPACE DITLE NAME STREET ADDRESS CITY-ST-ZIP TETE NAME

12. Thereby certify that the information supplied with this filting 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oats; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-DP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED