## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000074221

FILED Apr 13, 2004 Secretary of State

Entity Name: GMN AFFORDABLE HOUSING PARTNER XIV, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
300 NW 1 MIAMI, FL					
Current Mailing Address:		New Mailing Address:			
300 NW 1 MIAMI, FL					
FEI Number	: 65-0679008	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
MARTORA 300 NW 1 MIAMI, FL					
		ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
n the Stat	e of Florida.				
n the Stat SIGNATU					
	RE:	ic Signature of Registered Ago	ent	 Date	
SIGNATU	RE:	ic Signature of Registered Ago	ent	Date	
SIGNATU	RE:	Trust Fund Contribution ( ).		Date  GES TO OFFICERS AND DIRECTOR:	
SIGNATU Election Cal OFFICER Fitle: Name: Address:	RE: Electroni mpaign Financing S AND DIRECT	Trust Fund Contribution ( ).  FORS:  Delete ELL A.,  VENUE			
SIGNATU	RE: Electroni mpaign Financing S AND DIRECT  VD () SIBLEY, RUSSE 300 NW 12TH A MIAMI, FL 3312	Trust Fund Contribution ( ).  FORS:  Delete ELL A.,  VENUE 8  Delete GUSTIN  VENUE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
Election Cal DFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electronic	Trust Fund Contribution ( ).  FORS:  Delete ELL A., VENUE 28  Delete GUSTIN VENUE 28  Delete SAL VE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR:  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAL MARTORANO T 04/13/2004