


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

| | |
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| DOCUMENT # A06000000368 1. Entity Name MORSE-SEMBLER VILLAGES #5, LTD. |  |
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 | Mailing Address 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 |
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|--|---------------------|------------------------------------|---------|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | 04262007 | Chg-LP | CR2E003 (12/06) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 20-4520463 | | |
| City & State | City & State | Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

BK

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---------------------------------|--------------------------|--|
| DOCUMENT # | P06000032036 | STREET ADDRESS | |
| NAME | MORSE-SEMBLER VILLAGES #5, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 5858 CENTRAL AVE. | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33707 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ Date: **4-26-07** Daytime Phone #: **727-384-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STATE OF FLORIDA