


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership OLSEN FAMILY PARTNERSHIP V, LTD.		1a. DOCUMENT # A98000002781	
Mailing Address 6130 WEST CORPORATE OAKS DRIVE CRYSTAL RIVER FL 32629		Principal Office Address 6130 WEST CORPORATE OAKS DRIVE CRYSTAL RIVER FL 32629	
2. Mailing Address P.O. Box 10,000		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crystal River, FL		City & State	
Zip 34423		Country	
3. Date Formed or Registered 12/17/1998		5a. Capital Contributions as Shown on record \$250,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date 360,000.00	
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent OLSEN, STANLEY C 6130 WEST CORPORATE OAKS DRIVE CRYSTAL RIVER FL 32629		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MEADOWCREST DEVELOPMENT, INC	6130 WEST CORPORATE O	CRYSTAL RIVER FL 3262	H68090
1 11000027810001 -- 1 -03/05/99--01067--015 ****526.25 ****526.25 3-12-99			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE _____ Typed or Printed Name of General Partner Signing Form Stanley C. Olsen		DATE 2/23/99 Daytime Telephone Number 352-746-4000	

FILED

99 MAR -5 PM 3:00

SECRETARY OF STATE



CR2E003 (12/98)