
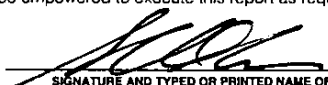


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

|   |                                 |                     |  |   |  |  |  |                      |  |
|---|---------------------------------|---------------------|--|---|--|--|--|----------------------|--|
| DOCUMENT # A98000002781   |                                 |                     |  |  |  | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2005 MAY 12 P 1:27</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div>  |  |                      |  |
| 1. Entity Name<br>OLSEN FAMILY PARTNERSHIP V, LTD.  |                                 |                     |  |   |  |  |  |                      |  |
| Principal Place of Business<br>2600 W. BLACK DIAMOND CIRCLE<br>LECANTO, FL 34461  |                                 |                     | Mailing Address<br>PO BOX 10,000<br>CRYSTAL RIVER, FL 34423          |   |  |  |  |                      |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |  |   |  |  |  |                      |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc. |  |   |  |  |  |                      |  |
| City & State  |                                 | City & State        |  | 4. FEI Number<br>59-3557084   |  | Applied For<br>Not Applicable  |  |                      |  |
| Zip   | Country                         | Zip                 | Country  | 5. Certificate of Status Desired <input type="checkbox"/>                         |  | \$8.75 Additional Fee Required   |  |                      |  |
| 6. Name and Address of Current Registered Agent   |                                 |                     |  | 7. Name and Address of New Registered Agent                                       |  |  |  |                      |  |
| OLSEN, STANLEY C<br>2600 W. BLACK DIAMOND CIRCLE<br>LECANTO, FL 34461   |                                 |                     |  | Name  |  |  |  |                      |  |
|   |                                 |                     |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |  |  |                      |  |
|   |                                 |                     |  | City  |  |  |  |                      |  |
|   |                                 |                     |  | <b>FL</b>   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                 |                     |  |   |  |  |  |                      |  |
| 9. Capital Contributions as Shown on record. \$2,444,662.00   |                                 |                     | 10. Amount of Capital Contributions in FLORIDA to date. \$ 2,894,644 |   |  |  |  |                      |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                 |                     |  |   |  |  |  |                      |  |
| 12. GENERAL PARTNER INFORMATION   |                                 |                     |  | 13. ADDRESS CHANGES ONLY  |  |  |  |                      |  |
| DOCUMENT #  | G83483                          |                     |  | STREET ADDRESS  |  |  |  |                      |  |
| NAME  | GULF TO LAKES REAL ESTATE, INC. |                     |  | CITY-ST-ZIP   |  |  |  |                      |  |
| STREET ADDRESS  | PO BOX 10,000                   |                     |  | 200054321312  |  |  |  |                      |  |
| CITY-ST-ZIP   | CRYSTAL RIVER, FL 34423         |                     |  | 05/12/05--01023--014 **\$26.25  |  |  |  |                      |  |
| DOCUMENT #  |                                 |                     |  | STREET ADDRESS  |  |  |  |                      |  |
| NAME  |                                 |                     |  | CITY-ST-ZIP   |  |  |  |                      |  |
| STREET ADDRESS  |                                 |                     |  |   |  |  |  |                      |  |
| CITY-ST-ZIP   |                                 |                     |  |   |  |  |  |                      |  |
| DOCUMENT #  |                                 |                     |  | STREET ADDRESS  |  |  |  |                      |  |
| NAME  |                                 |                     |  | CITY-ST-ZIP   |  |  |  |                      |  |
| STREET ADDRESS  |                                 |                     |  |   |  |  |  |                      |  |
| CITY-ST-ZIP   |                                 |                     |  |   |  |  |  |                      |  |
| DOCUMENT #  |                                 |                     |  | STREET ADDRESS  |  |  |  |                      |  |
| NAME  |                                 |                     |  | CITY-ST-ZIP   |  |  |  |                      |  |
| STREET ADDRESS  |                                 |                     |  |   |  |  |  |                      |  |
| CITY-ST-ZIP   |                                 |                     |  |   |  |  |  |                      |  |
| 14. I hereby certify that the information supplied with this filing 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 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:   |                                 |                     |  | Stanley C. Olsen, Pres.   |  |  |  | 4/28/05 352-746-4000 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                                 |                     |  | <small>Date</small>   |  | <small>Daytime Phone #</small>   |  |                      |  |

STAPLE CHECK HERE