

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001928

1. Entity Name

PENN FLORIDA VENTURE V, LTD.

Principal Place of Business

Mailing Address

1515 N. Federal Highway  
Suite 306  
Boca Raton, FL 33432

(Same)

FILED

01 APR 23 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1059405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee, Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kamradt, Russell T. Esq.  
c/o Akerman, Senterfitt & Eidson, P.A.  
777 South Flagler Dr. Ste. 900, East TWR  
West Palm Beach, FL 33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. 1,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # P00000003845  
NAME Penn Florida Venture V, Inc.  
STREET ADDRESS 1515 N. Federal Hwy, Ste. 306  
CITY-ST-ZIP Boca Raton, FL 33432

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)