## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **FILED** Apr 13, 2006, 08:00 AM Secretary of State **DOCUMENT # A01000001254** CORPORATE PARK V, LTD. Principal Place of Business Mailing Address C/O STILES CORPORATION C/O STILES CORPORATION 300 S.E. SECOND STREET 300 S.E. SECOND STREET FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1989891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, PATRIÇIA DO NOT WRITE C/O STILES CORPORATION 300 S.E. SECOND STREET IN THIS SPACE FORT LAUDERDALE, FL 33301 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and fille it applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. ODCUMENT # P01000087351 NAME CORPORATE PARK V, INC. STREET ADDRESS 300 S.E. SECOND STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33301 U00000505352 04/27/06-80002-013 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP **∂**OCUMENT € NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP **DOCUMENT**

14. I hereby certify that the information supplied with this filling 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 it 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 520, Florida Statutes

SIGNATURE:

STAPLE CHECK

MAKKE STREET ADDRESS CITY-ST-ZIP OCCUMENT # MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER