2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 23, 2004 08:00 AM Secretary of State

DOCUMENT # A0200000341 1. Entity Name MLH V, LIMITED PARTNERSHIP						Secre	tāry o	of State	3
Principal Plac 1311 N. CHL TAMPA, FL		Mailing Address 1311 N. CHURCH TAMPA, FL 3360							
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apr. #, etc.		Suite, Apt #, etc.			03232004	Chg-LP	- CR2E00	3 (10/03)	
City & State		City & State .			4. FEI Number 36-4513	125		Applie Not Ar	ed For pplicable
Zip	Country	Zip	Cour	ntry	1	f Status Desired		8.75 Addition	
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and A	ddress of New R	egistered Aç	ent	
1311 N. C	HABER, RICHARD M 1311 N. CHURCH AVE. TAMPA, FL 33607			Street Address (P.O. Box Number is Not Acceptable)					
Trava r., i	2 30001			City				754 0000	
8. The above	The above named entity submits this statement for the purpose of changing its				FL Zip Code				
the obligat	tions of registered agent Signature, typed or printed name of registered in	igent and title if applicable,					DATE		
	Capital Contributions as Shown on record. \$400.00 10. Amount of Capital Shown on record. 10. Amount of Capital Shown on record.			butions	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINES	S ENTITY A	AUST BE REGIS	TERED AND A	TIVE WITH TH	IS OFFICE.	ner.	
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS	P9400091749 MLH FINANCIAL SERVICES, INC.		STR	EET ADDRESS					
CATY-ST-ZIP	1311 N. CHURCH AVE. TAMPA, FL 33607		CIT.	Y+SY-ZIP			nation		
NAME	***************************************		STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				(+SI-ZIP	U00000145035 05/03/04-90018-005 141.25				
DOCUMENT # NAME STREET ADDRESS			STR	EET AODRESS					
CITY-ST-ZIP			CIT	r-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	x-:		<u>. –</u>
NAME STREET ADDRESS			SIR	EET ADDRESS					
CITY-ST-ZIP DOCUMENT #			CIN	/+SI-ZiP					<u>-</u>
NAME STREET ADDRESS				EET ADDRESS V-S1-ZIP					
DOCUMENT #			-	EET ADDRESS					<u></u>
NAME STREET ADDRESS CITY-ST-ZIP				/-ST-28P					
14. I hereby of indicated the receiver	certify that the information supplied from this report is true and accurate wer or trustee empowered to execut	with this filing does not qua and that my signature shall e this report as required by	alify for the exe have the sam Chapter 620,	emption stated in Si e legal effect as if i Florida Statutes	ection 119.07(3)(i), made under oath; i	Florida Statutes. I hat I am a Genera	further certif	y that the information of the second of the	mation tership or