2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008** DOCUMENT # A03000000316 CITLÓ V LIMITED PARTNERSHIP Principal Place of Business Mailing Address 800 DOUGLAS RD 800 DOUGLAS RD SUITE 500 SUITE 500 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 6. Name and Address of Current Registered Agent STUZIN, CHARLES B

FILED Feb 19, 2008 08:00 AM Secretary of State



) .	NOT W	RITE IN	THIS	SPAC	(E)	4. FEI Number

02112008 No Chg-LP CR2E003 (12/06)

Applied For 34-1975033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

800 DOUGLAS RD NORTH TOWER, SUITE 500 CORAL GABLES, FL 33134

SIGNATURE

DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of changing its registered office of	registered agent, or both, in the State of Florida. I an	n tamiliar with, and accept
	the obligations of registered agent	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
		130000000000000000000000000000000000000	3

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

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.

Į	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P00000111376 STUZIN ENTERPRISES, INC. 800 DOUGLAS RD STE 500 CORAL GABLES, FL 33134		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS	·		

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing 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 if made under eath; 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:

CITY-ST-ZIP

ING GENERAL PARTNER