


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

0616AY:11:321

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A05000001975	
1. Entity Name HILLSBOROUGH COUNTY ASSOCIATES V, LLLP	

Principal Place of Business 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323	Mailing Address 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite 300	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite 300
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City & State Sunrise, FL	City & State Sunrise, FL
33323 USA	33323 USA



03302006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3928321	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOBLE, JAMES B ESQ RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL PA 401 EAST JACKSON STREET SUITE 2700 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000145404	STREET ADDRESS	1600 Sawgrass Corp Pkwy #300
NAME	HILLSBOROUGH COUNTY V CORPORATION	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1600 SAWGRASS CORPORATE PARKWAY		
CITY-ST-ZIP	SUNRISE, FL 33323		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/17/06--01025--002 **500.00

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 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: 	N. MARIA MENDEZ, VICE PRESIDENT	4/27/06	954-753-1730
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE