2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0600000424 1. Entity Name WHITE LAKE ANNEX V, LTD.					2007 MAF	ILED R-7 AM 10: 38
Principal Place of Business 3546 PLOVER AVENUE NAPLES, FL 34117	PLOVER AVENUE 3546 PLOVER AVENUE			4 (BB)(B)((B)(B)		ARY OF STATE SSEE, FLORIDA
Principal Place of Business - No P.O. Box # Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				01152007	Chg-LP	CR2E003 (12/06)
City & State	City & State			4. FEI Number	51-0578	Applied For
Zip Country	Zip	Country		5. Certificate of		See Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name			
BROCK, WILLIAM C JR. 3546 PLOVER AVENUE NAPLES, FL 34117			Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code
The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.				ed agent, or both	, in the State of Flo	<u> </u>
SIGNATURE Supplyer proof or protect pages and late of applicable.						
Signature, typed or printed name of registered agent and title if applicable. PILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00						A A A
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 PARTNE	R INFORMATION	13.			ADDRESS CH	ANGES ONLY
DOCUMENT # NAME BROCK, WILLIAM C JR. STREET ADDRESS 3546 PLOVER AVENUE		STREET	ADDRESS			
CITY-ST-ZIP NAPLES, FL 34117	1		T-ZIP			
DOCUMENT # NAME STREET ADDRESS		STREET	ADDRESS			
- CITY-ST-ZIP	c s		T-ZIP	400092352494 03/13/0701023005 **500.00		
DOCUMENT # NAME STREET LOOPERS			ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST	T-ZIP			
DOCUMENT #		STREET	ADDRESS			
STREET ADDRESS CITY-SI-ZIP		CITY-S1	T-ZIP			
DOCUMENT # NAME		STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-S1	T-ZIP			
DOCUMENT # NAME		STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST	İ	-		
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 WILLIAM C. BROCK, JR. 3/1/2007 239-643-5588						
SIGNATURE:						