

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -9 PM 2: 17

DOCUMENT # A06000001232

1. Entity Name
 BUTTERS REAL ESTATE FUND V, LLLP



Principal Place of Business Mailing Address
 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100
 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04242008 Chg-LP CR2E003 (12/06) **FBI #**

4. FEI Number Applied For

26-2757570 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HOUK, JANE A
 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET
 MIAMI, FL 33130

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000100213	STREET ADDRESS	200131091432
NAME	BUTTERS CAPITAL V, LLC	CITY-ST-ZIP	06/10/08--01007--020 **500.00
STREET ADDRESS	6820 LYONS TECHNOLOGY CIRCLE, SUITE 100		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	B. Tollock JUN 09 2008
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date _____ Daytime Phone # _____