

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A22080**

1. Entity Name  
**PALM V ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**240 WORTH AVE.  
PALM BEACH, FL 33480**

Mailing Address  
**250 WORTH AVE.  
PALM BEACH, FL 33480**



**DO NOT WRITE IN THIS SPACE**

02132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**13-3326335**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HANDELSMAN, BURTON  
250 WORTH AVE.  
PALM BEACH, FL 33480**

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**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

DOCUMENT # **B93000000192**  
NAME **PALM MANAGEMENT ASSOCIATES LIMITED PARTNER**  
STREET ADDRESS **250 WORTH AVENUE**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

DOCUMENT #  
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**U00000491434**  
**04/19/06-80022-008 500.00**

**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 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 #