


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 03, 2007 08:00 A  
Secretary of State**

<b>DOCUMENT # A22080</b> 1. Entity Name <b>PALM V ASSOCIATES LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>240 WORTH AVE. PALM BEACH, FL 33480</b>	Mailing Address <b>240 WORTH AVE. PALM BEACH, FL 33480</b>
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**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>13-3326335</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>HANDELSMAN, BURTON 250 WORTH AVE. PALM BEACH, FL 33480</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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 #	<b>B93000000192</b>
NAME	<b>PALM MANAGEMENT ASSOCIATES LIMITED PARTNER</b>
STREET ADDRESS	<b>250 WORTH AVENUE</b>
CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000688349  
04/10/07-80078-003 500.00

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: *Handelman* Date: 3-16-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #