


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A27214 ✓		
1. Entity Name SCHIRMISHER LAND FUND V, LTD. ✓		

Principal Place of Business 600 E COLONIAL DRIVE, #100 ORLANDO FL 32803 ✓	Mailing Address 600 E COLONIAL DRIVE, #100 ORLANDO FL 32803 ✓
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

PS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 11 AM 9:43



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2904107 ✓	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHIRMISHER, J. STEVEN 600 E. COLONIAL DR., #100 ORLANDO FL 32803 ✓	
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7. Name and Address of New Registered Agent	
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

9. Capital Contributions as Shown on record. \$3,580,100.00 ✓	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

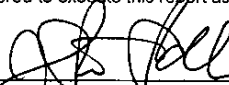
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000005938 ✓	STREET ADDRESS	
NAME	SCHIRMISHER, INC.	CITY-ST-ZIP	
STREET ADDRESS	600 EAST COLONIAL DRIVE, SUITE 100		
CITY-ST-ZIP	ORLANDO FL 32803		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	J. Steven Schrimsher	3-10-05	(407) 423-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #