2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 05, 2005 08:00 AM Secretary of State

	DOCUMENT # A27650  1. Entity Name A R A PROPERTIES NO. 5, LTD.  Principal Place of Business C/O PETER LAWERENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334  Mailing Address C/O PETER LAWERENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334							Secretary of State			
	2. Principal I	pal Place of Business		3.	Mailing Address						
	Suite, Apt	Suite, Apt #, etc.  City & State			Suite, Apt. #, etc.  City & State			04072005	Chg-LP CR2E003 (10/0		3 (10/03)
	City & Sta							4. FEI Number 52-1604		· · · <u>-</u> · · · -	Applied For Not Applicable
	Zip	Zip Country			Zip Cour		ntry	5. Certificate of Status Desired			8.75 Additional
	6. Name and Address of Current Regis							7. Name and a	Address of New R	egistered Ag	ent
	PETER LAWRENCE COMMERCIAL REA 4710 EISENHOWER BLVD SUITE C-1				_ ESTATE, INC		Name Street Address (	P.O. Box Number	r is Not Acceptable	)	
		MPA, FL 33634-6334			·· —		City				Tip Code
	8. The above named entity submits this statement for th						City			FL	Zip Code
	the obligations of registered agent.  SIGNATURE Signature typed or printed norse of registered agent and title if applicable  9. Capital Contributions as Shown on record.  \$827,500.00  10. Amount of Capital in FLORIDA to date						butions			DATE	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to cl										ner.
İ	12.		RMATION	13,			ADDRESS CHA				
	DOCUMENT # NAME	K53295 CRENSHAW PROPERTIES, INC					EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP		ENHOWER BLVD., S FL 336346334	UITE C	E C-1		-ST-ZIP		U000003 05/05/05-8	861711 80087-0:	14 526.75
	DOCUMENT # NAME					STR	EET ADDRESS				
-	STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP				
STAPLE CHECK HERE	DOCUMENT # NAME					STRE	EET ADDRESS				
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	document # Name	<u> </u>				STRE	EET AODRESS				
	STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP				
	DOCUMENT / NAME					STRE	TET ADDRESS				
-	STREET ADDRESS CITY-ST-ZIP					CITY	-SI-ZIP				
	indicated	14. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

4)14/05

813-889-8855

Daytime Phone #