

2001 UNIFORM BUSINESS REPORT (UBR)

0010094 AF

DOCUMENT # A29852

1. Entity Name

MIDLAND PROPERTIES LIMITED PARTNERSHIP V

FILED
 01 FEB 27 AM 10:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
33 NORTH GARDEN AVENUE, SUITE 1200 **33 NORTH GARDEN AVENUE, SUITE 1200**
CLEARWATER FL 33755 **CLEARWATER FL 33755**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3018891** Applied For
 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

MIDLAND FINANCIAL HOLDINGS, INC.
33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 33755

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,188,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 # **K22808**
 NAME **MIDLAND EQUITY CORP.**
 STREET ADDRESS **33 NORTH GARDEN AVENUE, SUITE 1200**
 CITY-ST-ZIP **CLEARWATER FL 33755**

STREET ADDRESS
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 STREET ADDRESS **400003803414--2**
 CITY-ST-ZIP **-03/06/01-01122--007**
******526.25 ****526.25**

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STREET ADDRESS
 CITY-ST-ZIP

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: **REYNOLDS** **2/23/01** **(727) 461-4801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)