FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A33313

FILED SECRETARY OF STATE DIVISION OF CORPORATION.

98 JAN 16 PM 1: 28



REALTY OPPORTUNITY INC	COME FUND V, LTD.				
Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
3250 MARY ST. SUITE 306 MIAMI FL 33133	3250 MARY ST. Suite 306 Miami Fl. 33133			\$99.00	
	1111111 I E 44144		01/13/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		65-0379470	Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired 8. Make check payable to: Dept. o	\$8.75 Additional Fee Required f State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name			
STEINFURTH, PAUL C. 3250 MARY ST. SUITE 306 MIAMI FL 33133		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City FL Zip Code			
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH.	AT IS A CORPORATION,	LIMITED	DATE PARTNERSHIP OR OTHE		
	UST BE REGISTERED A			11a Registration/	
11. Name(s) of General Parlner(s)	11a. (Do NOT Use Post Office	Box Numbers)	11b. City, State & Zip Code	11c. Document Number	
REALTY CAPITAL, INC.	3250 MARY ST.		MIAMI FL 70002 -01/2 ***4	L05156 24065370 1/8801055004 890.00 ****150.00	
	250 88.75	5 80.7	is da		
Note: General partners MAY N					
 I do hereby certify that the information supplied Corporations from any liability of non-compliance this annual report is true and accurate any that is empowered to execute this report at required by 	e with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects	information supplie	d is deemed exempt from public access. I furt	her certify that the information indicated on	

__ Daytime Telephone Number _