DOCUMENT # A9200000071							
HASKELL REALTY DEVELOPERS, LTD. V					FILED		
	e no en octoe eno, eto.				01 MAY -1 FM 6: 56	•	
Principal Place of Business Mailing Address					SECRETARY OF OF		
111 RIVERSIDE AVENUE JACKSONVILLE FL 32202		111 RIVERSIDE AVENUE JACKSONVILLE FL 32202			SECRETARY OF STATE TALLAHASSEE, FLORIDA	,	
DROROGIVILL	L TE VEZUE	SHONDOWNELL FE VEELE			1 2 M A 1 B 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	11 3 0 0 3	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State City & State			<u> </u>		4. FEt Number 59-3150755 Applied		
Zip Country		Zip	Country		5 Contificate of Status Decired \$8.75 Additions		
6 Name and Address of Current Regists		t Registered Agent	Parad Anant		7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Agent				Name (
VANDERGRIFF, C. EDWARD				Street Add	rese (PA Box Number in Not Acceptable)		
111 RIVERSIDE AVENUE					ress (P) For Number is Not Accellable)		
JACKSONVILLE FL 32202				•			
				City	(Kenville FL 3220:	7	
8. The above	e named atity submits this statement for	or the purpose of changing its re	eaistered	office or re	gistered agent, or both, in the State of Florida.		
1. 1110 above	The state of the s	1	ogisioroa	011100 07 10	•		
SIGNATURE(Stignature, typed or printed harme of registered agent	- Harry	Posistered A	nont signature s	9-26-01 Equired when reinstating) DATE	_	
9. Capital Co	antributions.	10. Amount of Capit			11. MAKE CHECK PAYABLE TO DEPT. OF STATE	re. I	
as Shown	on record. \$100.00	in FLORIDA to d it	te.		SEE REVERSE SIDE FOR FEE INFORMATI	ĎN I	
	A GENERAL PARTNER	THAT IS A BUSINESS EN (I AY NOT be changed on tile	ITY MUS e form: a	ST BE RE an amend	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	[* IE I 4 I			ADDRESS		9	
NAME STREET ADDRESS	THE MITCHOIDE AVENUE			_			
CITY-ST-ZIP			CITY-ST-ZIP		200004287562 	3 8	
DOCUMENT /			STREET	ADDRESS	****150.00 ****150.0) {	
STREET ADDRESS CITY-ST-ZIP			CITY-ST	-ZIP	A		
DOCUMENT /				ADDRESS .			
NAME STREET ADDRESS	s						
CITY-ST-ZIP			CITY-ST	-ZIP			
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STREET ADDRESS CITY-ST-ZIP			CITY-ST	-ZIP			
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STREET ADDRESS			CITY-ST	-ZIP			
DOCUMENT #		·	STREET	ADDRESS			
STREET ADDRESS			CITY-ST	-ZIP			
CITY-ST-ZIP	portify that the information are allest 199	h this filing class not sublify to	ho over	tion state -	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	ation	
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the	that my signature shall have 🗅	ie same le	egal effect a	is if made under oath; that I am a General Partner of the limited partner	ship or	