2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000451

1. Entity Name
CAREY V, LTD.

Principal Place of Business	Mailing Address
1602 COTTAGEWOOD DRIVE BRANDON, FL 33510	1602 COTTAGEWOOD DRIVE BRANDON, FL 33510

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3178424 ☐ 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
CAREY, GERTRUDE E 1602 COTTAGEWOOD DRIVE BRANDON, FL 33510	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.	10. Amount of Capital Contributions in FLORIDA to date.
$2,180,857.00	180,857

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 #		STREET ADDRESS	
NAME	CAREY, WILLIAM V	CITY-ST-ZIP	
STREET ADDRESS	1602 COTTAGEWOOD DRIVE		
CITY-ST-ZIP	BRANDON, FL 33510		
DOCUMENT #		STREET ADDRESS	U00000159497
NAME	CAREY, GERTRUDE E	CITY-ST-ZIP	05/10/04-80033-002 528.25
STREET ADDRESS	1602 COTTAGEWOOD DRIVE		
CITY-ST-ZIP	BRANDON, FL 33510		
DOCUMENT #		STREET ADDRESS	
NAME	LEE, AMY C	CITY-ST-ZIP	
STREET ADDRESS	1004 CHERWOOD LANE		
CITY-ST-ZIP	BRANDON, FL 33511		
DOCUMENT #		STREET ADDRESS	
NAME	RINTOUL, JILL M	CITY-ST-ZIP	
STREET ADDRESS	17506 OSPREY MANOR WAY		
CITY-ST-ZIP	LITHIA, FL 33547		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Gertrude E Carey 4/30/04 (813)685-1561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #