


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000001358	
1. Entity Name NEWPORT PARTNERS V, LTD.	

Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04022004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3230193	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAHALL, PETER S 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746

7. Name and Address of New Registered Agent
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.

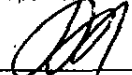
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$582,000.00	10. Amount of Capital Contributions in FLORIDA to date. 582,000.00
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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 #	V35049	STREET ADDRESS	
NAME	NEWPORT PARTNERS, INC.	CITY - ST - ZIP	
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 270		
CITY - ST - ZIP	HEATHROW, FL 32746		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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:  Peter S. Cahall CEO/Partner (407) 333-2905

STATE OF FLORIDA