2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 23, 2004 08:00 AM Secretary of State

1. Entity Nam								V
N.Y. STA	TE APARTMENT BUILI	DERS V, LTE	Ο.					
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		P.O. B0	Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961					
2. Principal P	Place of Business	3. Mailin	3. Mailing Address					
Suite, Apt #, etc		Suite,	Suite, Apt #, etc.			03162004 Chg-LP	CR2E	E003 (10/03)
City & Stat	e	City &	City & State			4. FEI Number 59-3308339		Applied For Not Applicable
Žip	Country	Zip		Count	ry	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered	Agent			7. Name and Address of Nev	/ Registered	i Agent
B&C CORPORATE SERVICES OF CENTRAL FLA, INC 390 NORTH ORANGE AVE., SUITE 1100					Name Street Address (i	P.O. Box Number is Not Accepta	ble)	
ORLANDO), FL 32801			ŀ				
0 The state of the					City		F	- .
the obligat	named entity submits this statemions of registered agent	ent for the purpos	e of changing its	s registere	d office or register	ed agent, or both, in the State of	Florida, lar	n familiar with, and accept
SIGNATURE	Signature hyperd or printed name of registerer						DATE	
9. Capital Co as Shown		00 10.	Amount of Capit in FLORIDA to d	tal Contrib late.	utions_			
	NOTE: General Partner	s MAY NOT be	changed on t	he form;	UST BE REGIST ; an amendmen	ERED AND ACTIVE WITH t must be filed to change a	general p	artner.
12.		RTNER INFORMAT	TION	13.		ADDRESS C	HANGES O	NLY
DOCUMENT # NAME STREET ADDRESS	A9700002481 CED CAPITAL HOLDINGS IX, LTD. 1551 SANDSPUR ROAD			STPEE	T ADDRESS			
CITY-\$1 ZIP	MAITLAND, FL 32751			CITY-	ST-ZIP		909013 6	3605
DOCUMENT # NAME STREET ADDRESS				STREE	ET ADDRESS	04./29,	/04-800	3605 113-023 526.25
CITY - ST - ZIP				CITY -	ST-ZIP			
DOCUMENT # NAME STREET ADDRESS				STREE	1 ADDRESS			
CITY-ST-ZiP				CITY	ST-2IP			
name Street ajuress					1 ADDRESS			
CITY - ST - Z;P DOCUMENT #				-	ST-ZIP			
NAME Street address				ı	TADORESS			
CITY ST-ZIP DOCUMENT #				-	S1 ZIP			
NAME STREET ADDRESS				i	ST-ZIP			
14. I hereby o	pertify that the information supplie	d with this filing do	pes not quality for	r the exem	notion stated in Se	ction 119.07(3)(i), Florida Statute	s. I further co	ertify that the information
indicated the receiv	on this report is true and accurative or trustee empowered to execute the contract of the cont	e and that my sign	equine shall have equined by Chap	the same oter 620, F	legal effect as if m florida Statutes	nade under oath; that I am a Gen	eral Partner	of the limited partnership o
SIGNAT	URE:	PED OR PRINTED NAME				· 4/20/04	407-7	141-8500 Daytime Phone *

TRICKA ODSDU VICE PORIGHT