2005 LIMITED PARTNERSHIP ANNUAL REPORT FILED

Due By May 1, 2005 Mar 14, 2005 08:00 AM

DOCUMENT # A9500000547 1. Entity Name N.Y. STATE APARTMENT BUILDERS V, LTD.					Secretary of State
Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND, FL 32751 ORLANDO, FL 328			02-4961		S INDIRECT TREE CATES DISTE AND SHEET WHILE AND IN MASTE WHILE BEING MISSES AND SHEET HE AREA.
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	02172005 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For 59-3308339 Not Applicable
Zip	Country	Zip	Count		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLA, INC 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO. FL 32801				Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO	7, FL 32801				
		 		City	FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changing	j its register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE -	Signature, typed or printed name of registered age	nt and title if applicable.		<u></u>	DATE
9. Capital Co as Shown	on record. \$12,725,050.00	10. Amount of Ca in FLORIDA t	o date.	·	
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS IAY NOT be changed o	ENTITY M n the form	IUST BE REGIS n; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be flied to change a general partner.
12. GENERAL PARTNER INFORMATION 000UMBNT# A97000002481					ADDRESS CHANGES ONLY
NAME STREET ADDRESS	CED CAPITAL HOLDINGS IX, LTD.			EET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY	-SY-ZUP	
NAME STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP			CiTY	'-ST-ZIP	
NAME			STRI	EET ADDRESS	187011111111111111111111111111111111111
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	000000262613 03/14/05-80060-017 526. 25
DOCUMENT # NAME STREET ADDRESS			STRE	EET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT # NAME			STRI	EET ADDRESS	<u>, , , , , , , , , , , , , , , , , , , </u>
STREET ADDRESS CITY ST-ZIP			CITY	-\$1-ZIP	
DOCUMENT # NAME			STRE	EET ADDRESS	
STREET ADDRESS City - St - Zip				-ST-ZIP	
14. I hereby of indicated the received	URE:	th this filling does not qualify to the my signature shall be in its report of the control of th	<u> </u>		Section 119.07(3)(i), Florida Statutes. I further certify that the Information made under oath; that I am a General Partner of the limited partnership of the Indian Statutes. I further certify that the Information made under oath; that I am a General Partner of the limited partnership of the Indian Process

THICIA DODOY, VICE President

STAPLE BANECK HERE