2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

DOCUMENT # A9500000974 1. Entity Name FLORIDA INCOME GROWTH FUND V, LTD.					04 /	FILE APR 29 AP	110:07
Principal Place of Business GROV AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809		Mailing Address GROV AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809			RETARY O' AHASSEE.		
2. Principal Place of Business 3. Mailing A		3. Mailing Address			-		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		4			
City & State		City & State		04272004 4. FEI Numbe	Chg-LP	CR2E003 (10/03)	
Zip	Country	Zip	Country		65-0590		Applied For Not Applicab
	6. Name and Address of Cu	Wront Do-i-1-1-1				of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent		Na	me	7. Name and	Address of New F	Registered Agent
BARCAP REALTY SERVICES GROUP, INC. GROV AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809				eet Address (F	P.O. Box Number	r is Not Acceptable	(a)
8. The above	e named entity submits this statementations of registered agent.	ent for the purpose of changing it					FL Zip Code
the obliga		The period of changing in	ra registered omi	ce or registere	ed agent, or both	, in the State of Flo	orida. I am familiar with, and accep
	Signature, typed or printed name of registered	agent and title if applicable.					
9. Capital Co as Shown	on record, \$99.00	10. Amount of Capi in FLORIDA to d	ital Contributions				DATE
	A GENERAL PARTNE	R THAT IS A BUSINESS EI	NTITY MUST I	BE REGISTI	ERED AND AC	TIVE WITH THE	IS OFFICE
12.	GENERAL PART	MAY NOT be changed on the information	the form; an a	mendment	must be filed	to change a ge	neral partner.
DOCUMENT # NAME	P95000050466					ADDRESS CHA	NGES ONLY
STREET ADDRESS	BARON CAPITAL XI, INC. 7826 COOPER RD		STREET ADDRE	^{\$\$} 35	10 US I	HWU 9'	8 N
CITY-ST-ZIP	CINCINNATI, OH 45242		CITY-ST-ZIP	1 01	celano		5000
DOCUMENT #			CTOCCT LODGE		<u> Liur K</u>	1, FL 3	3804
TREET ADDRESS			STREET ADDRE	ss			
CITY-ST-ZIP			CITY-ST-ZIP			<u></u>	
OCUMENT# AME			STREET ADDRES	.e			
TREET ADDRESS				~		00360	958531
TTY-ST-ZIP OCUMENT #			CITY-ST-ZIP		00/ 11/	οι <u>"</u> ΩΙΟΌ4.	~~005 **141.25
AME			STREET ADDRES	s			
TREET ADDRESS TY-ST-ZIP			CITY-ST-ZIP	<u> </u>			
CUMENT #		·	0111-31-21F	 			
ME BEET ADDRESS			STREET ADDRESS	s			
reet address (Y-St-ZIP			CITY-ST-ZIP				
CUMENT #				 			$\overline{\Omega}$
ME REET ADDRESS			STREET ADDRESS	·			A14X
Y-ST-ZIP			CITY-ST-ZIP			<u> </u>	
	rtify that the information cumplied	ith this filing does not qualify for	the exemption at				
I hereby ce indicated or	n this report is true and accurate an	nd that my signature shall have the	ne same legal a	ated in Section	in 119.07(3)(i), Fl	orida Statutes. I fur	ther certify that the information
I hereby ce indicated of the receiver	rtify that the information supplied w n this report is true and accurate ar r or trustee empowered to execute t	nd that my signature shall have the this report as required by Chapte	ne same legal effer 620, Florida St	ated in Sectio ect as if made atutes	in 119.07(3)(i), Fli e under oath; tha	orida Statutes. I fur t I am a General Pa	rther certify that the information artner of the limited partnership or
I hereby ce indicated or the receiver	JRE: / tw Mr	nd that my signature shall have the this report as required by Chapte Stophon OR PRINTED NAME OF SIGNING GENERAL	or 620, Florida St Ni∭ DV	ated in Section ect as if made atutes	in 119.07(3)(i), File under oath; that	orida Statutes. I fur t I am a General Pa (KI) 2	rther certify that the information artner of the limited partnership or