
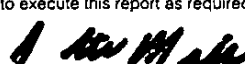


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 10:59

DOCUMENT # A95000000974			
1. Entity Name FLORIDA INCOME GROWTH FUND V, LTD.			
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	
2. Principal Place of Business 109 West Commercial Street		3. Mailing Address 109 West Commercial St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanford, Florida		City & State Sanford, Florida	
Zip 32771	Country USA	Zip 32771	Country USA
6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC. GROV AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name Barcap Realty Services Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 109 West Commercial Street City Sanford FL Zip Code 32771	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$99.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000050466 BARON CAPITAL XI, INC. 3570 US HWY 98 N. LAKELAND, FL 33809	STREET ADDRESS CITY-ST-ZIP	109 West Commercial Street Sanford, Florida 32771
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	7000055914642 06/08/05--01067--013 **141.25
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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: 		Date: APR 29 2005 5002 6 29 4205 407-688-7362	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE