2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A9500001328 1. Entity Name FPIP V, LTD.			S	ecretary of Sta
Principal Place of Business 401 E. LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33301 Mailing Address 401 E. LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33301				
6	· · · · · · · · · · · · · · · · · · ·			
DO NOT WRITE	IN THIS SD		02072007 No Chg-LP	CR2E003 (12/06)
DO NOT WRITE	IIV THIS SEA	NUE	4. FEI Number 65-0607069	Applied For Not Applicabl
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Re	gistered Agent		and the first of the second	a se de Sala
MORGAN, GEORGE A JR. 401 E. LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33301 8. The above named entity submits this statement for the obligations of registered agent.	ne purpose of changing its regis	stered office or register	DO NOT W IN THIS SF	PACE
SIGNATURE — Signature, typed or printed name of registered agent and	tille d apoleshie			DATE
FILE NOW!	! FEE IS \$500.00 07, Fee will be \$900.00			WHE
A GENERAL PARTNER THAT NOTE: General Partners MAY	AT IS A BUSINESS ENTITY NOT be changed on the fo	/ MUST BE REGIST	TERED AND ACTIVE WITH TH	IIS OFFICE. eneral partner.
12. GENERAL PARTNER II		.,		· E
DOCUMENT / LO1645 NAME FLORIDA PROPERTY INVESTMEN STREET ADDRESS 401 E. LAS OLAS BLVD., SUITE 10 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	· · · · · · · · · · · · · · · · · · ·	and the second s	en en er en	
DOCUMENT # NAME SYREET ADDRESS		1	over the second of the second	9679103
CITY-ST-ZIP			03/29/07-	-80015-020 500.00

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

NAME

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

STAPLE CHECK

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

4. In. 3-15-07

DO NOT WRITE

IN THIS SPACE

Devime Phone #