

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000480**

1. Entity Name  
**FFT V LIMITED PARTNERSHIP**



Principal Place of Business  
**3880 RUM ROW**  
**NAPLES, FL 33940**

Mailing Address  
**5307 RANDOLPH RD.**  
**ROCKVILLE, MD 20852**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

01082004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**52-1963225**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RICHARD YOVANOVICH, ESQ.**  
**GOODLETTE, COLEMAN & JOHNSON, P.A.**  
**NORTHERN TRUST BANK 4001 TAMiami TrL NORTH**  
**NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record. **\$2,000.00**

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 # **L53861**  
 NAME **C & J OF NAPLES, INC.** ✓  
 STREET ADDRESS **3880 RUM ROW**  
 CITY-ST-ZIP **NAPLES, FL 33940**

STREET ADDRESS  
 CITY-ST-ZIP

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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:**

*Charles S. Falter III VP*  
*Charles S. Falter III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/2/04 301-231-6000**

Date Daytime Phone #

STAPLE CHECK HERE