LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #** A96000001342 1. Entity Name 02 MAY -2 PM 12: 52 LPTD Fund 5, LTD. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 880 Carillon Parkway PO Box 12749 Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1 City & State City & State St. Petersburg, FL 59-3400733 St. Petersburg, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33716 33733-2749 USA USA Fee Required 7. Name and Address of Current Registered Agent Davenport Mosby, III, 2 DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 880 Carillon Parkway IN THIS SPACE City St. Petersburg Zip Code 33716 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT OF STATE 10. Amount of Capital Contributions \$1,500,000.00 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 G42833 DOCUMENT # STREET ADDRESS RJ Leasing, Inc. NAME 880 Carillon Pkwy STREET ADDRESS 33716 CITY-ST-ZIP St. Petersburg, FL CITY-ST-ZIP <u>2000055</u>76912: DOCUMENT # -05/21/02--01041--013 STREET ADDRESS NAME ****526, 25 ****526, 25 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP DOCUMENT # IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY, \$ ZIP 14. I bareby 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 in cated 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

CHECK STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J. Davenport Mosby, III, President

Inc. 727-