FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT



FOG PARTNERS FIVE LIMITED



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership 1a. DOCUMENT #

A9700001053

97 DEC 15 PM 12:58

TALLAHASSEE, FLORID



Mailing Address		Principal Office Address	Principal Office Address		3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
1745 WEST FLETCHER AVENUE TAMPA FL 33812		1745 WEST FLETCHER AVENU	1745 WEST FLETCHER AVENUE TAMPA FL 33612		05/12/1997		600.00	
		TAMPA FL 33612			3a. Date of Last Report	\$99.00		
						5b. Amo Cont	int of Capital ibutions in Ft ORIDA	
2. Mailing Address		2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation		10 dato:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State		City & State			59-3444515 Applicable			
		7 _(p)			7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Z ip Country		8. Make check payable to: Dept. (of State (See reverse side for fee information		
9. Name and Address of Current Registered Agent			10. If changed new Registered Agent/Office Name					
DIAMANDIS, JOHN T								
RUDNICK & V			Street Address (P.O		.O. Box Number Is Not Acceptable)			
101 E. KENN	EDY BLVD., SUITE 2000		Suite, Apt. #, etc.					
TAMPA FL 33	602		City		FL Zip Code			
for the purp agent. I am	ose of changing its registered off	%1 and 620-192, Florida Statutes, the above-na- ice or registered agent, or both, in the State of gations of section 620,192, Florida Statutes int).						
	AL PARTNER TH	AT IS A CORPORATION UST BE REGISTERED A	ND ACTIV			R BUSI	NESS ENTITY	
11. Name(s)	of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	11a. Address of Each General Partner (Do NO1 Use Post Office Box Numbers)		City, State & Zip Code	11c.	Registration/ Decument Number	
FOG GENERAL, INC.		1745 WEST FLETCHER	1745 WEST FLETCHER AV		TAMPA FL 33612		P94000033157	
					100002 -12/18 ****1	376 /970 56.25	SO1 (7 1072008 ****156.25	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do heroby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as it made under oath. I further certify that are a General Partner of the limited partnership receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE .

Typed or Printed Name of Goodful Partner Signing Form

Mark D. Hackner

DATE

Daytime Telephone Number

813-168-651