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

MMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT #

FILCU SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR -6 AM 9: 28

Name of Fimiled Partnership		A 9 700000 19 12		
VILLAGE CATTLE V				
Mailing Address 1100 MAIN STREET LADY LAKE, FL 32159	Principal Office Address 1100 MAIN STREET LADY LAKE, FL 32159		3, Dale Formed or Registered 7-1-97 38, Date of Last Report 4. State or Country of Formation	55 Capital Of Phiblippes of 46 98  142,150.00  5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		\$142,950
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		Applied For Not Applicable
<u> </u>				\$8.75 Additional Fee Required
Zip Country	Z <sub>(p</sub>	Zip Country		State (See reverse's de for fee information)
9 Name and Address of Current Registered Agent			10, If changed, now Registored Agent/Office	
<u> </u>		Name		CE\$34 25
BURNSED, R. DEWEY ESQ	•	Street Address (F	P.O. Box Number Is Not Acceptable)	
1100 MAIN STREET LADY LAKE, FL 32159		Suite Apt. # etc.		
		City FL 7ip Code		
10a. Pursuant to the previsions of sections 620 to for the purpose of changing its registered of agent. Lam Jamiliar with, and accept the obl.	her or registered agent, or both, in the State of Fi			
SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH		LIMITED DA	ARTNERSHIP OR OTHE	
M A GENERAL PARTITER II	IUST BE REGISTERED AN	ID ACTIVE	WITH THIS OFFICE.	
11. Name(s) of General Partner(s)	11a. (Oc NOT Use Post Office B	ral Partner Box Numbers) 11	<b>b.</b> City, Slate & Zip Code	11c. Registration/ Document Number
MCDOWELL, PAUL	1100 MAIN STREE	r	LADY LAKE, FL 3215	6 CR2E003 (6/97)
			100002 -02/2! *****	4407917 5/9801076010 541.25 ****541.25
.•				16 4-16
Note: General partners MAY	NOT be changed on this for	m; an amend	lment must be filed to cha	inge a general partner.

12. I do hereby certify that the information supplied with this filling 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 trial my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership receiver or trustee empowered to execute this report as required by chapter 620, Flor da Statutes.

Typed or Printed Name of General Partner Signing Form

MC Downelled
PAUL MCDOWELL

Daytime Telephone Number (352) 748–2318 •