

2000 UNIFORM BUSINESS REPORT (UBR)

0001447 AF

DOCUMENT # A98000000175
 1. Entity Name
WORTHWHILE DEVELOPMENT V, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR -1 PM 12:41

Principal Place of Business 2949 W. STATE ROAD 434 SUITE 400 LONGWOOD FL 32779	Mailing Address 2949 W. STATE ROAD 434 SUITE 400 LONGWOOD FL 32779-4458
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3523186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ROYALL, H J JR.
2949 W. STATE ROAD 434
SUITE 400
LONGWOOD FL 32779

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$9.90	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P98000005133 NAME WORTHWHILE DEVELOPMENT V, INC. STREET ADDRESS 2949 W. STATE ROAD 434 CITY - ST - ZIP LONGWOOD FL 32779	STREET ADDRESS 100003172884 9 CITY - ST - ZIP -03/16/00--01079--004 ****158.75 ****158.75
	CITY - ST - ZIP mf 3/14/00

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: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date **3/23/00** Daytime Phone # **407-774-0303**

CR2E003 (9/99)