



**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 APR 11 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000349					
1. Entity Name REGENCY VENTURE LIMITED PARTNERSHIP					
Principal Place of Business 1177 SOUTHEAST 3RD AVENUE FORT LAUDERDALE, FL 33316			Mailing Address 205 COUNTY TRUNK H ELKHORN, WI 53121		
2. Principal Place of Business		3. Mailing Address 205 County Road H			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0810076 94-3288870	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 SOUTHEAST 3RD AVENUE FORT LAUDERDALE, FL 33316			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,551,326.00		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 #	A05000000411		STREET ADDRESS		
NAME	KLINGBEIL MULTIFAMILY FUND V, L.P.		CITY-ST-ZIP		
STREET ADDRESS	21 W. BROAD STREET, 11TH FLOOR				
CITY-ST-ZIP	COLUMBUS, OH 43215				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	500054034935	
STREET ADDRESS				05/09/05--01009--005 **526.25	
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STREET ADDRESS					
CITY-ST-ZIP					
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: 			4-1-05		614.220.8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE