2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE: 100

FILED Apr 30, 2007 08:00 A Secretary of State

541466-0010

DOCUMENT # A9800000982 1. Entity Name HART PROPERTIES V, LTD.					Secretary of St			
Principal Place of Business 5821-C LAKE WORTH ROAD GREENACRES, FL 33463-3209 Mailing Address 5821-C LAKE WORTH ROAD GREENACRES, FL 33463-3209 GREENACRES, FL 33463-3						8181 18111 88111 8 8 111 881	# 87 18 58 F	1871 (1886 1886) BY 888
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01172007	Chg-LP	CR2E003		
City & Stat		City & State		4. FEI Number 23-1990			Applied For Not Applicable	
Zip	Country Zip		Countr		5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name				
SIDEL, PETER S 5821 LAKE WORTH ROAD GREENACRES, FL 33463			_	Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
	named entity submits this statement folions of registered agent.	or the purpose of changing its	s registered	d office or register	ed agent, or both	, in the State of Flo	orida. Famifan	niliar with, and accept
SIGNATURE							DATE	
	Signature, typed or printed name of registered agent	and title if applicable				<u> </u>	DATE	
		NIII FEE IS \$500.00 2007, Fee will be \$90	0.00					
	A GENERAL PARTNER NOTE: General Partners M/	THAT IS A BUSINESS EN	NTITY MU					
12.	GENERAL PARTNER INFORMATION					ADDRESS CH	ANGES ONLY	
DOCUMENT # NAME	P00000084076 NOBLE PROPERTIES INC.	STRI		T ADDRESS				
STREET ADDRESS CITY-ST-ZIP	5821-C LAKE WORTH ROAD GREENACRES, FL 33463		CITY+S	ST-ZIP				
DOCUMENT # NAME			STREET	T ADDRESS	U00000748583 05/17/07-80076-005 500.00			
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		05/17/07	-800760)05 500.00
DOCUMENT # NAME			STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
DOCUMENT # NAME			STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	51- <i>2</i> 1P •				
DOCUMENT / NAME		11-11-11-11	STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
DOCUMENT # NAME			STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S					
14. I hereby indicated or the red	certify that the information supplied with on this report is true and accurate and every rustee ampowered to execute	th this filing does not qualify I that my signature shall have this peport as required by Ch	for the exe the same hapter 620.	emptions contained legat effect as if m Florida Statutes	d in Chapter 119, ade under oath;	Florida Statutes. that I am a Gener	I further certify al Partner of th	that the information the limited partnership

M Paul Forberger, VP of GP 04 km/07
E OF SIGNING GENERAL PARTNER