


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 11 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001761		
1. Entity Name VICTORIA POINTE VENTURE LIMITED PARTNERSHIP		

Principal Place of Business 1177 S.E. THIRD AVE. FORT LAUDERDALE, FL 33316-1197	Mailing Address 205 COUNTY TRUNK H ELKHORN, WI 53121
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 205 County Road H Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0851000 94-3288870	Applied For Not Applicable
Zip	Country	Zip	Country

03162005 Chg-LP CR2E003 (10/03)

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. THIRD AVE. 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	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$9,523,461.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	A05000000411 KLINGBEIL MULTIFAMILY FUND V, L.P. 21 W. BROAD STREET, 11TH FLOOR COLUMBUS, OH 43215	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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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: George R. Nickerson 4-1-05 614.220.8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE