

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY 12 P 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282005 Chg-LP CR2E003 (10/03)

DOCUMENT # A98000002781					
1. Entity Name OLSEN FAMILY PARTNERSHIP V, LTD.					
Principal Place of Business 2600 W. BLACK DIAMOND CIRCLE LECANTO, FL 34461			Mailing Address PO BOX 10,000 CRYSTAL RIVER, FL 34423		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3557084	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OLSEN, STANLEY C 2600 W. BLACK DIAMOND CIRCLE LECANTO, FL 34461				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. \$2,444,662.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,894,644			
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 #	G83483	STREET ADDRESS			
NAME	GULF TO LAKES REAL ESTATE, INC.	CITY-ST-ZIP			
STREET ADDRESS	PO BOX 10,000				
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423				
DOCUMENT #		STREET ADDRESS	200054321312		
NAME		CITY-ST-ZIP	05/12/05--01023--014 **\$26.25		
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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: 		Stanley C. Olsen, Pres.		4/28/05 352-746-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE