

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

4/25/29

DOCUMENT # B01000000174

1. Entity Name

Première Partners V Limited Partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 PM 12:39

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2501 Galen Drive

Suite, Apt. #, etc.

3. Mailing Address

2501 Galen Drive

Suite, Apt. #, etc.

P.O. Box 3669

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Champaign, IL

City & State
Champaign, IL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
61821

Country

Zip
61826-3669

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contributions
as Shown on record.

10,000,000

10. Amount of Capital Contributions
in FLORIDA to date.

1,800,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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

DOCUMENT # GP0100000834
NAME Cozad/Westchester Agricultural Asset
STREET ADDRESS Management Partnership
CITY-ST-ZIP 2501 Galen Dr., Champaign, IL 61821

STREET ADDRESS

200005677622--0

CITY-ST-ZIP

-06/04/02--01050--026

****526.25 ****526.25

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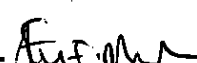
CITY-ST-ZIP

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CITY-ST-ZIP

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:  Stuart Meacham, V.P. of CAM Inc.,
Partner of C/W Ag. Asset Mgmt.

4-25-02

217-356-8363

CR2E003B (12/01)