

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B01000000174**

**1. Entity Name**  
**PREMIERE PARTNERS V LIMITED PARTNERSHIP**



**Principal Place of Business**  
**2501 GALEN DRIVE**  
**CHAMPAIGN, IL 61821**

**Mailing Address**  
**2501 GALEN DRIVE**  
**CHAMPAIGN, IL 61821**



03072006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**37-1388630**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

**U00000469676**  
**03/27/06-80008-012 500.00**  
**005-4500469-1009068796**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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** 2501 GALEN DR  
**CITY-ST-ZIP** CHAMPAIGN, IL 61821

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**14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Shant M. McGowan, Secretary, Cozad Asset*  
*Asset Mgmt. Partner of C/W Ag.*  
*Asset Mgmt. Partnership*

**3/7/06**

**217-356-8363**

Date

Daytime Phone #

STAPLE CHECK HERE