



**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B94000000018</b>			
1. Entity Name <b>LIBORIO V, L.P., A DELAWARE LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>500 SOUTH OCEAN BLVD. BOCA RATON FL 33432</b>		Mailing Address <b>903 FRENCH ST. WILMINGTON DE 19801</b>	
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 <b>22-2247120</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CAPANO, MARIO B 36 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.		11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____	
9. Capital Contributions as Shown on record. <b>\$15,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>RAMUNNO, L. VINCENT</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>903 FRENCH ST.</b>		
CITY - ST - ZIP	<b>WILMINGTON DE 19801</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>RAMUNNO, MARIAN C</b>		
STREET ADDRESS	<b>903 FRENCH ST</b>		
CITY - ST - ZIP	<b>WILMINGTON DE 19801</b>		
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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: 		2/9/05 302-656-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>L. VINCENT RAMUNNO</b>		Date Daytime Phone #	

STAPLE CHECK HERE