


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 5, 2007**

**FILED**  
**Aug 31, 2007 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



2nd MOORE CR2E003 (4/07)

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. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<input type="checkbox"/> S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. <input type="checkbox"/>	
<b>File Now!!! Fee is \$900.00 • Due By September 5, 2007</b>			

**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	
	RAMUNNO, L. VINCENT		
STREET ADDRESS	903 FRENCH ST.	CITY-ST-ZIP	
	WILMINGTON DE 19801		
DOCUMENT #	NAME	STREET ADDRESS	
	RAMUNNO, MARIAN C		
STREET ADDRESS	903 FRENCH ST	CITY-ST-ZIP	
	WILMINGTON DE 19801		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

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

8/24/07

Daytime Phone #

STAPLE CHECK HERE