FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

EAGLES LANDING V, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 26 PH 4: 11



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Mailing Address 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32301	Principal Office Address 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32301			3. Date Formed or Registered 10/29/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
			}	12/23/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
2. Malling Address	2a. Principal Office Address			AL	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI NUME 59-34 15048 Applied For	
City & State	City & Slato			7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip Country	Zip Country		<u> </u>	Fee Required Nake check payable to: Dopt. of State (Soo reverse side for fee Information)	
9, Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office		
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. -12/10/37			
SIGNATURE (Registered Agent Accepting Appointment)				DATE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	Address of Cost Costs	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c. Registration/ Document Number
ARBOR PROPERTIES, INC.	2750 OLD ST. AUGUSTIN e changed on this form; an amo		TALLAHASSEE FL 32301		406406 April 2 - 3 April 2 - 3
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					

Corporations from any hability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and the angunes quality of the limited partnership, receiver or trustee empowered to execute this report as required by chapter over the statutes.

SIGNATURE X

Typed or Printed Name of General Partner Signing Form William Gordon Thames , Th.

DATE 11/14/97 Daytime Telephone Number **850** -656 - 7667