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

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DOCUMENT # B97000000332 SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS GLENBOROUGH FUND V, LIMITED PARTNERSHIP 05 APR -4 AM 8: 37 Principal Place of Business Mailing Address 400 SOUTH EL CAMINO REAL, SUITE 1100 400 SOUTH EL CAMINO REAL, SUITE 1100 SAN MATEO CA 94402-1708 SAN MATEO CA 94402-1708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 94-3274719 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and little # applicable See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$8,890,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # F97000003401 STREET ADDRESS GRTV, INC. STREET ADDRESS 400 SOUTH EL CAMINO REAL, SUITE 1100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA 94402-1708 DOCUMENT # STREET ADDRESS NAME 600050353266 STREET ADDRESS CITY-ST-7IP 04/11/05--01020--007 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stephen R. Saul, Secretary

3/28/05