

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

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B97000000332**

1. Entity Name  
**GLENBOROUGH FUND V, LIMITED PARTNERSHIP**



Principal Place of Business  
**400 SOUTH EL CAMINO REAL, SUITE 1100**  
**SAN MATEO, CA 94402-1708**

Mailing Address  
**400 SOUTH EL CAMINO REAL, SUITE 1100**  
**SAN MATEO, CA 94402-1708**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**94-3274719**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

DATE

**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 # **F97000003401**  
 NAME **GRTV, INC.**  
 STREET ADDRESS **400 SOUTH EL CAMINO REAL, SUITE 1100**  
 CITY-ST-ZIP **SAN MATEO, CA 944021708**

13. ADDRESS CHANGES ONLY  
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**000000386390**  
**01/18/06-80057-026 500.00**

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 820, Florida Statutes

SIGNATURE: *G. Leen Burns* VP & General Counsel of its General Partner 1/6/06 650.343.9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**G. Leen Burns**

STAPLE CHECK HERE