

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**

04 JUL 19 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**



|   |  |         |  |  |  |
|---|--|---------|--|--|--|
| <b>DOCUMENT # B97000000396</b><br>1. Entity Name<br><b>FLORVEST FIVE, LIMITED PARTNERSHIP</b>   |  |         |  |  |  |
| Principal Place of Business<br><b>1051-H JOHNNIE DODDS BLVD.<br/>         MT. PLEASANT, SC 29464<br/>         216 Seven Farms Drive, Suite 200<br/>         Charleston, SC 29492</b>  |  |         | Mailing Address<br><b>P. O. BOX 118048<br/>         CHARLESTON, SC 29423</b>                     |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State  |  |         | City & State   |  |  |
| Zip   |  | Country |  | Zip  |  |
| Country   |  | Country |  | 4. FEI Number<br><b>58-2315589</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |  | <b>\$8.75</b> Additional Fee Required  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>C T CORPORATION SYSTEM<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION, FL 33324</b>  |  |         |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |         |  | FL Zip Code  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |         |  |  |  |
| 9. Capital Contributions as Shown on record. <b>\$7,451.50</b>  |  |         | 10. Amount of Capital Contributions in FLORIDA to date. <b>7451.50</b>                           |  |  |
| In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.  |  |         |  |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |  |         |  |  |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |  |         | <b>13. ADDRESS CHANGES ONLY</b>  |  |  |
| DOCUMENT # <b>F97000000224</b><br>NAME <b>ESD, PROPERTIES, INC.</b><br>STREET ADDRESS <b>1051-H JOHNNIE DODDS BLVD.</b><br>CITY-ST-ZIP <b>MT PLEASANT, SC 29464</b>   |  |         | STREET ADDRESS <b>216 Seven Farms Drive, Suite 200</b><br>CITY-ST-ZIP <b>Charleston SC 29492</b> |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         | STREET ADDRESS<br>CITY-ST-ZIP  |  |  |
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| 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 |  |         |  |  |  |
| <b>SIGNATURE:</b> <u>Amie Dr...</u> <b>7/6/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |  |         |  |  |  |

STAPLE CHECK HERE