

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

\$526.25
FILED

04 MAY 18 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # B97000000602		
1. Entity Name PRUTIMBER FUND FIVE LIMITED PARTNERSHIP		

Principal Place of Business FOUR COPLEY PLACE, SUITE 604-A BOSTON, MA 02199	Mailing Address % PRUDENTIAL TIMBER P.O. BOX 990407 BOSTON, MA 02199
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05082004 Chg-LP CR2E003 (10/03) 5/18

4. FEI Number 04-3394762	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

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.

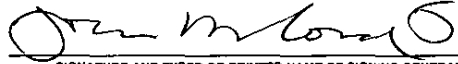
SIGNATURE _____	DATE _____
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9. Capital Contributions as Shown on record. \$28,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE 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 #	F96000005107	STREET ADDRESS	800 BOYLSTON ST- 15TH FL
NAME	PRUDENTIAL TIMBER INVESTMENTS, INC.	CITY-ST-ZIP	P.O. BOX 990407 BOSTON MA 02199
STREET ADDRESS	FOUR COPLEY PLACE, SUITE 604-A		
CITY-ST-ZIP	BOSTON, MA 02199		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700037855917
STREET ADDRESS			06/10/04--01090--006 **526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

SIGNATURE: 	5/10/04	617-585-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE