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	Mailing Address
FOUR COPLEY PLACE, SUITE 604-A BOSTON, MA 02199	% PRUDENTIAL TIMBER P.O. BOX 990407 BOSTON, MA 02199

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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

9. Capital Contributions as Shown on record.	$28,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	F96000005107 PRUDENTIAL TIMBER INVESTMENTS, INC. FOUR COPLEY PLACE, SUITE 604-A BOSTON, MA 02199	STREET ADDRESS / CITY-ST-ZIP	800 BOYLSTON ST- 15TH FL P.O. BOX 990407 BOSTON MA 02199
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	700003785691 7 06/10/04--01090--006 **526.25
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STAPLE CHECK HERE

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