


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000005478</b> 1. Entity Name <b>REAL ESTATE CAPITAL INVESTORS CORP. V</b>	
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Principal Place of Business <b>REAL ESTATE CAPITAL PARTNERS LP 114 WEST 47TH STREET, 23RD FLOOR NEW YORK, NY 10036 US</b>	Mailing Address <b>REAL ESTATE CAPITAL PARTNERS LP 114 WEST 47TH STREET, 23RD FLOOR NEW YORK, NY 10036 US</b>
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03272008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-3742446</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KINNEY, ROBERT L 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEWER, KARIN E 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGEE, ROBERT J 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOOCY, PAUL J 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/22/08-80039-016 150.00

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08

212-655-4393