2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000005512

1. Entity Name
GREENWALD INVESTORS V, L.L.C.



Principal Place of Business

1320 S. DEXIE HIGHWAY

SUITE 781

SIGNATURE:

CORAL GABLES, FL 33146

Mailing Address

1320 S. DIXIE HIGHWAY

SUITE 781

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CORAL GABLES, FL 33146

FILED Feb 02, 2004 08:00 AM--Secretary of State



DO NOT WRITE IN THIS SPACE

01222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0019624

5. Certificate of Status Desired \$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BROWN, GARY LESQ. 4000 HOLLYWOOD BLVD. SUITE 265 SOUTH HOLLYWOOD, FL 33021

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, typod or printed name of registered agent and title if epplicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			U00000030841 02/04/04-80127-002 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWALD, ALLEN R 1320 S, DIXIE HIGHWAY CORAL GABLES, FL 33146		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing toes 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 managing member or manager of the limited liability company or the receiver or trootee empewered to execute this report as required by Chapter 608, Florida Statutes.			