## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008599

1. Entity Name

HIBOU PROPERTIES V FLORIDA, LLC



Principal Place of Business

2665 SOUTH BAYSHORE DRIVE

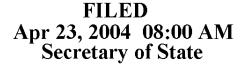
SUITE 1001 COCONUT GROVE, FL 33133 Mailing Address

2665 SOUTH BAYSHORE DRIVE

**SUITE 1001** 

DO NOT WRITE IN THIS SPACE

COCONUT GROVE, FL 33133





04122004 No Chg-LLC

CR2E083 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VITIER, EBERTO A 2665 SOUTH BAYSHORE DRIVE, SUITE 1001 COCONUT GROVE, FL 33133

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STATE OF STATE OF STATE OF

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

Filing Fee is \$50.00 Due by May 1, 2004

U00000126331 04/23/04-80055-001 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  | A SECTION OF THE SECT |  |  |
|--|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JUNCADELLA, AMADEO N<br>2665 SOUTH BAYSHORE DRIVE STE 1001<br>COCONUT GROVE, FL 33133 | And the second s |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>VITIER, EBERTO A<br>2665 SOUTH BAYSHORE DRIVE STE 1001<br>COCONUT GROVE, FL 33133     |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | DO NOT WRITE   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | IN THIS SPACE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | The Advisor Annual Ann         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information   |  |  |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

69 Vs

EBERTO VITIER

4/15/04 305-250-9939

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

Date

Daytime Phone #