

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M01000000866

1. Entity Name

REALTY ASSOCIATES FUND V LLC



Principal Place of Business

C/O TA ASSOCIATES REALTY
28 STATE ST., 10TH FLOOR
BOSTON, MA 02109

Mailing Address

C/O TA ASSOCIATES REALTY
28 STATE ST., 10TH FLOOR
BOSTON, MA 02109

BSK

FILED
05 MAR 10 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

04-3463139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REALTY ASSOCIATES ADVISORS, LLC
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY - ST - ZIP	BOSTON, MA 02109

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400048136514

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IN THIS SPACE**

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.

Realty Associates Advisors, LLC, Manager by Michael Ruane, Member

SIGNATURE: _____

Michael Ruane

2/24/05

617 476 2700

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

MO1000000866

ACCOUNT NO. : 072100000032

REFERENCE : 246634 4304937

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 50.00

ORDER DATE : March 8, 2005

ORDER TIME : 10:14 AM

ORDER NO. : 246634-080

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

ANNUAL REPORT FILING

NAME: REALTY ASSOCIATES FUND V LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____

FILED
05 MAR 10 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA