


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

02022006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 04-3463139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REALTY ASSOCIATES ADVISORS, LLC 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109
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11. 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 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.

By: Realty Associates Advisors Trust, Sole Member By: Michael Ruane 3/2/06 617 476 2700
SIGNATURE: Michael Ruane, Trustee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #