FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05921

1. Corporation Name: Shelter Realty V Corporation

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 5/7/86
3a. Date of Last Report: 5/1/94

2. Principal Place of Business	2a. Mailing Address
21 One Insignia Financial Plaza	26 One Insignia Financial Plaza
Suite, Apt. #, etc. 22 P.O. Box 1089	Suite, Apt. #, etc. 27 P.O. Box 1089
City & State 23 Greenville SC	City & State 28 Greenville SC
Zip 24 29602 Country 25 US	Zip 29 29602 Country 30 US

4. FEI Number: 57-0702607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: CT Corporation
	82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
	83
	84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	William H. Jarrard, Jr	12 NAME	
STREET ADDRESS	One Insignia Financial Plaza	13 STREET ADDRESS	
CITY ST ZIP	Greenville, SC 29602	14 CITY ST ZIP	
TITLE	VP/Secretary	21 TITLE	☐ Change ☐ Addition
NAME	John K Lines	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP	Above	24 CITY ST ZIP	
TITLE	VP / Treasurer	31 TITLE	☐ Change ☐ Addition
NAME	Ron Uretta	32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP	Above	34 CITY ST ZIP	
TITLE	Controller	41 TITLE	☐ Change ☐ Addition
NAME	Martha Long	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP	Above	44 CITY ST ZIP	
TITLE	Asst. Secretary	51 TITLE	☐ Change ☐ Addition
NAME	Kelly M. Bueckler	52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP	Above	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha L Long Martha L Long 4/27/95 (803) 239-1500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #