2002 UNIFORM BUSINESS REPORT (UBR)

0014697 AT

DOCUMENT # A18847

1. Entity Name

CHC VII, LTD.

FILED
02 MAY -1 PM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5015 SOUTH FLORIDA AVE. SUITE 200 LAKELAND FL 33813	P.O. BOX 5252 LAKELAND FL 33807

2. Principal Place of Business	3. Mailing Address
500 S. Florida Ave.	
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.
City & State: Lakeland Fl	City & State
Zip: 33801 Country	Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-2489760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCFARLANE, PETER A. ESQ 5015 SOUTH FLORIDA AVE. SUITE 215 LAKELAND FL 33813	Name Street Address (P.O. Box Number is Not Acceptable): 500 S. Florida Ave Suite 715 City: Lakeland FL Zip Code: 33801

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	616872	STREET ADDRESS	500 S. Florida Avenue Suite 700
NAME	CENTURY REALTY FUNDS,INC	CITY-ST-ZIP	Lakeland Fl 33801
STREET ADDRESS	5015 SOUTH FLORIDA AVE. STE 200		
CITY-ST-ZIP	LAKELAND FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	BK
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800005538218--0
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DOCUMENT #		STREET ADDRESS	-05/15/02--01064--025
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #