

2002 UNIFORM BUSINESS REPORT (UBR)

0008186 AT

DOCUMENT # A30521 ✓
 1. Entity Name
SCHRIMSHER LAND FUND VII, LTD. ✓

FILED
 2002 FEB 26 AM 10:23
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business: **600 EAST COLONIAL DR. STE. 100 ORLANDO FL 32803** ✓
 Mailing Address: **600 EAST COLONIAL DR. STE. 100 ORLANDO FL 32803** ✓

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

DUE BY MAY 1, 2002
 4. FEI Number: **59-3023515** ✓ Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHRIMSHER, J. STEVEN ✓
600 EAST COLONIAL DR. #100 ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: **\$1,700,100.00** ✓
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	P9800004654 ✓
NAME	JSS OF ORLANDO, INC.
STREET ADDRESS	600 E COLONIAL DR., #100
CITY-ST-ZIP	ORLANDO FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

\$ 526.25

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 ***1052.50 ***526.25

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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]* **Steven Schrimsher 2/20/02 (407) 423-7600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)