


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 07, 2004 08:00 AM
Secretary of State**

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



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
3. Mailing Address

Suite, Apt. #, etc. City & State

City & State

Zip Country Zip Country



MOORE - CR2E003 (11/03)

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. I am familiar with, and accept the obligations of registered agent

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. **1,700,100.00** 11. MAKE CHECK PAYABLE TO FL. 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 #	P98000004654 ✓
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000000111648
CITY-ST-ZIP	04/13/04-80027-024 526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **J. Steven Schrimsher** 4-10-04 407-423-7600