


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED  
Mar 18, 2005 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: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_



1ST MOORE CR2E003 (10/04)  
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: \_\_\_\_\_

**FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info...

**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	
CITY - ST - ZIP	
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CITY - ST - ZIP	

U00000267524  
03/18/05 80002 822 526.25

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)(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:  J. Steven Schrimsher 3-10-05 (407) 423-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #