


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 27, 2006 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. | | 1st MOORE CR2E003 (10/05) | |
| City & State | | City & State | | 4. FEI Number 59-3023515 ✓ Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ | |



FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # | P98000004654 | STREET ADDRESS | |
| NAME | JSS OF ORLANDO, INC. ✓ | CITY-ST-ZIP | |
| STREET ADDRESS | 600 E COLONIAL DR., #100 | | |
| CITY-ST-ZIP | ORLANDO FL | | |
| DOCUMENT # | | STREET ADDRESS | U00000482799 |
| NAME | | CITY-ST-ZIP | 04/11/06-80089-022 500.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | 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 exemptions contained in Chapter 119, 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 11/8/06 407-423-7600