

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 31, 2000 08:00 AM
Secretary of State**

DOCUMENT # A9500000824

1. Entity Name
CNL INCOME & GROWTH FUND VII, LTD.

Principal Place of Business 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Mailing Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801
---	---

2. Principal Place of Business 450 S. ORANGE AVENUE Suite, Apt. #, etc.	3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 59-3318148	Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country	Zip 32801	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOURNE ROBERT A 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801 US	7. Name and Address of New Registered Agent Name BOURNE ROBERT A Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE City ORLANDO FL Zip Code 32801
---	--

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 **01/31/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 15,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 15,000,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CNL INCOME & GROWTH CORP. 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	STREET ADDRESS CITY-ST-ZIP	450 S. ORANGE AVENUE ORLANDO FL 32801
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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