


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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000225</b>		
1. Entity Name <b>G.L. HOMES OF BOYNTON BEACH ASSOCIATES VII, LTD.</b>		
Principal Place of Business <b>1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071</b>		Mailing Address <b>1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071</b>



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1076580</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>G.L. HOMES OF BOYNTON BEACH VII CORPORATIO 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 990.00</b>	

**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 # <b>P01000015228</b>	NAME <b>G.L. HOMES OF BOYNTON BEACH VII CORPORATIO</b>	STREET ADDRESS	
STREET ADDRESS <b>1401 UNIVERSITY DRIVE</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>CORAL SPRINGS FL 33071</b>			
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**05/06/05-80024-009 141.2**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.	
SIGNATURE: <b>N. Maria Menendez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>N. Maria Menendez, Vice President</b> <small>Date</small> <b>4/28/05</b> <small>Daytime Phone #</small> <b>(954) 753-1730</b>