



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000000225 1. Entity Name G.L. HOMES OF BOYNTON BEACH ASSOCIATES VII, LTD.	
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FILED
 06 MAY -1 PM 1:27
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise, FL Zip 33323 Country USA	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise, FL Zip 33323 Country USA
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04182006	Chg-LP	CR2E003 (11/05)
4. FEI Number 65-1076580	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent G.L. HOMES OF BOYNTON BEACH VII CORPORATIO 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, #300 City Sunrise FL Zip Code 33323
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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.

SIGNATURE *[Signature]* DATE 4/27/06

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	P010000015228	STREET ADDRESS	1600 Sawgrass Corp Pkwy #300
NAME	G.L. HOMES OF BOYNTON BEACH VII CORPORATIO	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1401 UNIVERSITY DRIVE		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
DOCUMENT #		STREET ADDRESS	700074763057
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CITY-ST-ZIP			

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: *[Signature]* N. MARIA MENENDEZ, VICE PRESIDENT 4/27/06 954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE