2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SECRETARY OF STATE **DOCUMENT # A02000000099** DIVISION OF CORPORATIONS 1. Entity Name ACQUIRE VII. LLLP 04 APR 19 PM 2: 14 Principal Place of Business Mailing Address 5365 E SCENIC HWY 30-A 5365 E SCENIC HWY 30-A STE. 101 STE. 101 SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 CR2E003 (10/03) Cha-LP (Aty & State City & State 4. FEI Number Applied For 59-3731266 Not Applicable **∤**Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTLE, HARROLL 155 CRYSTAL BEACH DRIVE, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) DESTIN, FL 32541 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000,00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P01000111618 DOCUMENT # STREET ADDRESS ACQUIRE LAND TITLE, INC. NAME STREET ADDRESS 5365 E SCENIC HWY 30-A CITY-ST-ZIP <u> 100035820111</u> 05/10/04--01071--017 **158.75 CITY ST-ZIP SANTA ROSA BEACH, FL 32459 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP DOCUMENT* STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP FERE CITY-SI-ZIP DOCUMENT # CHECK STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIAPLE DOCUMENT # STREET ADDRESS STREET ADDRESS CHY 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 employered to execute this report as required by Chapter 620, Florida Statutes. Addute: I was a general Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes. Addute: I was a general Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes. SIGNATURE: . E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone

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