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AZUL @ FONTAINEBLEAU

TEL:3052628934

P. 002

2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

FILED

04 JUN 15 PM 3:57

TALLAHASSEE FLORIDA

MJH

DOCUMENT # A03000001410

1. Entity Name
GREC CONVERSIONS VII, LTD.Principal Place of Business
8500 S.W. 8TH STREET, STE. 228
MIAMI, FL 33144Mailing Address
8500 S.W. 8TH STREET, STE. 228
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004

Chg-LP

CR2E003 (10/03)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

MACHADO, JOSE LUIS
8500 S.W. 8TH STREET, STE. 228
MIAMI, FL 33144

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

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

DATE

9. Capital Contributions
as Shown on record.

\$2,116,125.00

10. Amount of Capital Contributions
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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000103268
NAME VICTORIA REAL ESTATE MANAGEMENT, INC.
STREET ADDRESS 8500 S.W. 8TH STREET, STE. 228
CITY-ST-ZIP MIAMI, FL 33144

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 622, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE CHECK HERE

900038163129
06/22/04-01051-007 **526.25

August 10th 2004 305-200-1000