

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001709 1. Entity Name C/MAX CAPITAL LIMITED PARTNERSHIP - VII	
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FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 515 E LAS OLAS BLVD, STE 1020 FORT LAUDERDALE, FL 33301	Mailing Address 515 E LAS OLAS BLVD, STE 1020 FORT LAUDERDALE, FL 33301
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2. Principal Place of Business <i>1550 Sawgrass Cpt. Pkwy</i> Suite, Apt. #, etc. <i>#230</i> City & State <i>SUNRISE, FL</i> Zip <i>33323</i> Country <i>USA</i>	3. Mailing Address <i>1550 Sawgrass Cpt. Pkwy</i> Suite, Apt. #, etc. <i>#230</i> City & State <i>SUNRISE, FL</i> Zip <i>33323</i> Country <i>USA</i>
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02122004 Chg-LP CR2E003 (10/03)

4. FEI Number <i>20-0463770</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WATSON, KEVIN - 515 E LAS OLAS BLVD, STE 1020 FORT LAUDERDALE, FL 33301
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7. Name and Address of New Registered Agent Name <i>Kevin M. Watson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1550 Sawgrass Cpt. Pkwy #230</i> City <i>SUNRISE</i> FL Zip Code <i>33323</i>	
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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 <i>[Signature]</i> DATE <i>3/8/04</i>	
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9. Capital Contributions as Shown on record. <i>\$2,000,000.00</i>	10. Amount of Capital Contributions in FLORIDA to date.
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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	STREET ADDRESS CITY-ST-ZIP
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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

SIGNATURE: <i>[Signature]</i> <i>KEVIN WATSON</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <i>3/8/04</i> Daytime Phone # <i>954-315-6602</i>
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STAPLE CHECK HERE