

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

<b>DOCUMENT # A03000001759</b>			
1. Entity Name <b>ATCO LIMITED PARTNERSHIP VII</b>			
Principal Place of Business <b>102 PARK PLACE BLVD, STE B-3 KISSIMMEE, FL 34741</b>		Mailing Address <b>102 PARK PLACE BLVD, STE B-3 KISSIMMEE, FL 34741</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 422557</b>  Suite, Apt. #, etc. <b>KISSIMMEE, FL 34742-2557</b>	
City & State		City & State	
Zip	Country	Zip	Country



FILED

2004 APR 26 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04222004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>43-2037315</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BUIKEMA, KENNETH E 2425 ROAT DR ORLANDO, FL 32835</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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$7,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>7,500.00</b>
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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 #	<b>L03000053911</b>	STREET ADDRESS	<b>PO BOX 422557</b>
NAME	<b>WE THREE, LLC</b>	CITY-ST-ZIP	<b>KISSIMMEE, FL 34742-2557</b>
STREET ADDRESS	<b>102 PARK PLACE BLVD, STE B-3</b>		
CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>		
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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 620, Florida Statutes

SIGNATURE: Cynthia Nugent CYNTHIA NUGENT 4/22/04 407-933-2652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE