

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122005 Chg-LP CR2E003 (10/03)

| | | | | | |
|---|-------------------------|---|--|---|--|
| DOCUMENT # A03000001759 1. Entity Name ATCO LIMITED PARTNERSHIP VII | | | | | |
| Principal Place of Business 102 PARK PLACE BLVD, STE B-3 KISSIMMEE, FL 34741 | | | Mailing Address P.O. BOX 422557 KISSIMMEE, FL 34742-2557 | | |
| 2. Principal Place of Business 219 S. Clyde Ave. Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Kissimmee, FL | | City & State | | 4. FEI Number 43-2037315 | |
| Zip 34741 | | Country Osceola | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUIKEMA, KENNETH E 2425 ROAT DR ORLANDO, FL 32835 | | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$7,500.00 | | | 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 # | L03000053911 | | STREET ADDRESS | 800054342558 | |
| NAME | WE THREE, LLC | | CITY-ST-ZIP | 05/12/05--01077--008 **141.25 | |
| STREET ADDRESS | P.O. BOX 422557 | | | | |
| CITY-ST-ZIP | KISSIMMEE, FL 347422557 | | | | |
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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>Cynthia Nugent</i> CYNTHIA NUGENT | | | 4/21/05 407 933-2652 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE