

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
05 APR 29 PM 6:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                          |   |                               |
|---|--------------------------|---|-------------------------------|
| DOCUMENT # A04000001169   |                          |                    |                               |
| 1. Entity Name<br>TSCPR FAMILY PARTNERSHIP #7, LTD., S.E.   |                          |   |                               |
| Principal Place of Business<br>5858 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33707  |                          | Mailing Address<br>5858 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33707                                  |                               |
| 2. Principal Place of Business  |                          | 3. Mailing Address  |                               |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.   |                               |
| City & State  |                          | City & State  |                               |
| Zip   | Country                  | Zip   | Country                       |
|   |                          | 04092005 Chg-LP CR2E003 (10/03)   |                               |
|   |                          | 4. FEI Number<br>20-1372348   | Applied For<br>Not Applicable |
|   |                          | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                               |
| 6. Name and Address of Current Registered Agent   |                          | 7. Name and Address of New Registered Agent   |                               |
| TSCPR FLORIDA, INC.<br>5858 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33707  |                          | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                          |   |                               |
| 9. Capital Contributions as Shown on record. \$99.00  |                          | 10. Amount of Capital Contributions in FLORIDA to date. 301,950.00                                  |                               |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br>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 #  | P97000081031             | STREET ADDRESS  |                               |
| NAME  | TSCPR FLORIDA, INC.      | CITY-ST-ZIP   |                               |
| STREET ADDRESS  | 5858 CENTRAL AVENUE      |   |                               |
| CITY-ST-ZIP   | ST. PETERSBURG, FL 33707 |   |                               |
| DOCUMENT #  |                          | STREET ADDRESS  | 700054747327                  |
| NAME  |                          | CITY-ST-ZIP   | 05/18/05--01057--011 **535.00 |
| STREET ADDRESS  |                          |   |                               |
| CITY-ST-ZIP   |                          |   |                               |
| DOCUMENT #  |                          | STREET ADDRESS  |                               |
| NAME  |                          | CITY-ST-ZIP   |                               |
| STREET ADDRESS  |                          |   |                               |
| CITY-ST-ZIP   |                          |   |                               |
| DOCUMENT #  |                          | STREET ADDRESS  |                               |
| NAME  |                          | CITY-ST-ZIP   |                               |
| STREET ADDRESS  |                          |   |                               |
| CITY-ST-ZIP   |                          |   |                               |
| DOCUMENT #  |                          | STREET ADDRESS  |                               |
| NAME  |                          | 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 620, Florida Statutes |                          |   |                               |
| SIGNATURE:   |                          | 4/19/05 727-384-6000  |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                          | Date Daytime Phone #  |                               |

CRAIG SHER, VICE-PRESIDENT