

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000001169

1. Entity Name
TSCPR FAMILY PARTNERSHIP #7, LTD., S.E.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 27 PM 3:44

Principal Place of Business
**5858 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707**

Mailing Address
**5858 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707**

DO NOT WRITE IN THIS SPACE

04052006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-1372384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TSCPR FLORIDA, INC.
 5858 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707

**DO NOT WRITE
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **P97000081031**
 NAME **TSCPR FLORIDA, INC.**
 STREET ADDRESS **5858 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**2000074329722
 05/10/06--01012--012 **43687.50**

**DO NOT WRITE
 IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Craig Sher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

410-06 727-384-6000

Date

Daytime Phone #