

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000001169

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



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

Mailing Address
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

BK

FILED

07 APR 27 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
20-1372384

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
SEMBLER, GREGORY S.
Street Address (P.O. Box Number is Not Acceptable)

5858 CENTRAL AVENUE

City ST. PETERSBURG FL Zip Code 33707

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

Gregory S. Sembler

4-26-07

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

BK

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
500101863155
05/08/07--01049--020 **508.75

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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 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:

Gregory S. Sembler

4-26-07 727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE OF FLORIDA