

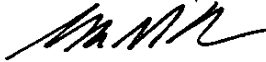


FILED
08 APR 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001169						FILED 08 APR 30 AM 8:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 				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>							
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P97000081031			STREET ADDRESS	900127428979		
NAME	TSCPR FLORIDA, INC.				04/30/08--01050--010 **508.75		
STREET ADDRESS	5858 CENTRAL AVENUE			CITY-ST-ZIP	900127428979		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707						
DOCUMENT #				STREET ADDRESS			
NAME							
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NAME							
STREET ADDRESS				CITY-ST-ZIP			
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:  RONALD P. WHEELER 4-24-08 727-384-6000							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date		Daytime Phone #	