2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A06000001483

1. Entity Name

12.

BUTTERS REAL ESTATE FUND VII, LLLP



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

68201 LYONS TECHNOLOGY CIR. SUITE 100 COCONUT CREEK, FL 33073

Mailing Address

68201 LYONS TECHNOLOGY CIR. SUITE 100 COCONUT CREEK, FL 33073



DO NOT WRITE IN THIS SPACE

 4. FEI Number
 Applied For

 20-8074574
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM 68201 LYONS TECHNOLOGY CIR. SUITE 100 COCONUT CREEK, FL 33073

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 it applicable

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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.

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BUTTERS CAPITAL VII, LLC 68201 LYONS TECHNOLOGY CIR. SUITE 100 COCONUT CREEK, FL 33073
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CHY-ST-ZIP	
14. I hereby certify that the information supplied with this filing dees not qualify for	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 another 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 is required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #