

**20 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:36

**DOCUMENT # A07000001068**

1. Entity Name  
 CAREY VII, LLLP



Principal Place of Business  
 1602 COTTAGEWOOD DRIVE  
 BRANDON, FL 33510

Mailing Address  
 1602 COTTAGEWOOD DRIVE  
 BRANDON, FL 33510

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

01272008

Chg-LP

CR2E003 (12/06)

4. FEI Number

26 1136 022

Applied For

Not Applicable

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

CAREY, GERTRUDE E  
 1602 COTTAGEWOOD DRIVE  
 BRANDON, FL 33510

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 #  
 NAME CAREY, GERTRUDE E  
 STREET ADDRESS 1602 COTTAGEWOOD DRIVE  
 CITY-ST-ZIP BRANDON, FL 33510

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME CAREY, WILLIAM V  
 STREET ADDRESS 1602 COTTAGEWOOD DRIVE  
 CITY-ST-ZIP BRANDON, FL 33510

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME LEE, AMY C  
 STREET ADDRESS 1004 CHERWOOD LANE  
 CITY-ST-ZIP BRANDON, FL 33511

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME RINTOUL, JILL M  
 STREET ADDRESS 17506 OSPREY MANOR WAY  
 CITY-ST-ZIP LITHIA, FL 33547

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Gertrude E. Carey*  
 Gertrude E. Carey  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/08

Date

Daytime Phone #

(813)

685-1561

STAPLE CHECK HERE