

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A09173

1. Entity Name
GRACE PROPERTIES NO. 7, LTD.



FILED

06 MAY -7 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 155 SABAL PALM DRIVE LONGWOOD, FL 32779	Mailing Address 155 SABAL PALM DRIVE LONGWOOD, FL 32779
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2. Principal Place of Business 1063 Maitland Center Commons Suite, Apt. #, etc. 100 City & State Maitland, FL Zip 32751	3. Mailing Address 1063 Maitland Center Commons Suite, Apt. #, etc. 100 City & State Maitland, FL Zip 32751
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04132004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2470120	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAJTAR, STEVEN A.
155 SABAL PALM DRIVE
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1063 Maitland Center Commons #100
City **Maitland** **FL** Zip Code **32751**

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

9. Capital Contributions as Shown on record. \$455,310.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	V31869	STREET ADDRESS	1063 Maitland Center Commons #100	
NAME	GP INVESTMENTS OF ORLANDO, INC	CITY-ST-ZIP	Maitland, FL 32751	
STREET ADDRESS	155 SABAL PALM DR			
CITY-ST-ZIP	LONGWOOD, FL 32779			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
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NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/21/04 407-786-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #