

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A22209

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** SOUTHEAST CAPITAL ASSOCIATES SEVEN, LTD.

**Current Principal Place of Business:**

43-46 NORRE GADE  
#137  
ST THOMAS, VI 00802

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 267  
ST THOMAS, VI 00804

**New Mailing Address:**

**FEI Number:** 59-2645207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENKINS, DAVID A  
333 THIRD AVENUE NORTH, SUITE 400  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

JENKINS, DAVID A  
333 THIRD AVENUE NORTH  
SUITE 400  
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: DAVID A. JENKINS

04/22/2005

Electronic Signature of Registered Agent

Date

**Capital Contributions as Shown on record:** 1,080,000.00

**Amount of Capital Contributions in Florida to date:** 1,080,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: M03000001582

Name: J.J.M. FUND MANAGEMENT LLC

Address: PO BOX 267

City-St-Zip: ST THOMAS, VI 00804

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID A. JENKINS

MR.

04/22/2005

Electronic Signature of Signing General Partner

Date