

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013994 AT

MJM

DOCUMENT # A22209



FILED

03 MAY -6 PM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Entity Name
SOUTHEAST CAPITAL ASSOCIATES SEVEN, LTD.

Principal Place of Business
100 SECOND AVENUE NORTH, SUITE 200
ST. PETERSBURG FL 33701

Mailing Address
P.O. BOX 429
ST. PETERSBURG FL 33731-0429

2. Principal Place of Business
333 3rd Avenue North

3. Mailing Address

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

Zip
33701

Country

Zip

Country

4. FEI Number 59-2645207

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

IRWIN, IAN F.
100 SECOND AVENUE NORTH, SUITE 200
ST. PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)
333 3rd Avenue North, Suite 400

City St. Petersburg, FL Zip Code 33701

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

9. Capital Contributions as Shown on record. \$1,080,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE 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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME IRWIN, IAN F.
STREET ADDRESS 100 SECOND AVENUE NORTH, SUITE 200
CITY-ST-ZIP ST. PETERSBURG FL 33701

STREET ADDRESS 333 3rd Avenue North, Suite 400
CITY-ST-ZIP St. Petersburg, FL 33701

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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:

SIGNATURE REQUIRED

Ian F. Irwin

4/30/03 (727) 821-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CRCE003 (10/02)

SAMPLE CHECK HERE