

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT -3 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A23675

CORPORATE PROPERTY ASSOCIATES 7 - A CALIFORNIA L  
IMITED PARTNERSHIP

Mailing Address

50 ROCKEFELLER PLAZA  
2ND FLOOR  
NEW YORK NY 10020

Principal Office Address

50 ROCKEFELLER PLAZA  
2ND FLOOR  
NEW YORK NY 10020

98-AR  
CM

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

12/01/1986

3a. Date of Last Report

10/16/1996

4. State or Country of Formation

CA

5a. Capital Contributions as  
Shown on record.

\$4,651,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4,651,000

6. FEI Number

13-3327950

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

7TH CAREY CORP. PROP INC  
CAREY, WILLIAM POLK

620 FIFTH AVENUE  
620 FIFTH AVENUE

NEW YORK NY  
NEW YORK NY

F93000000662

400002313654--8  
-10/07/97--01030--016  
\*\*\*\*541.25 \*\*\*\*541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

BY: SEVENTH CAREY CORPORATE PROPERTY, INC.

SIGNATURE BY: Michael D. Roberts, for VLL Inc. BY: SEVENTH CAREY CORPORATE PROPERTY, INC.

DATE

9/10/97

Typed or Printed Name of General Partner Signing Form

BY: MICHAEL D. ROBERTS, for VLL Inc.

Daytime Telephone Number

812-492-1100

CR2E003 (6/97)