

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23675**

1. Entity Name
CORPORATE PROPERTY ASSOCIATES 7 - A CALIFORNIA L

Principal Place of Business
**50 ROCKEFELLER PLAZA
2ND FLOOR
NEW YORK NY 10020**

Mailing Address
**50 ROCKEFELLER PLAZA
2ND FLOOR
NEW YORK NY 10020**

FILED
01 SEP 20 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **13-3327950**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$4,651,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **4,651,000**

11. MAKE CHECK PAYABLE TO 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 # **F9300000882**
NAME **7TH CAREY CORP. PROP INC**
STREET ADDRESS **620 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS
CITY-ST-ZIP **500004613795--1
-09/27/01--01062--003**

DOCUMENT #
NAME **CAREY, WILLIAM POLK**
STREET ADDRESS **620 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS
CITY-ST-ZIP ******400.00 ****400.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **500004613795--1
-09/27/01--01062--004
****526.25 ****526.25**

DOCUMENT #
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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: **Frank Machado, 2VP 7th Carey** 212.492.1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0000036 AT

CR2E003 (5/01)

STAPLE CHECK HERE