

# 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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**F93000000862  
7TH CAREY CORP. PROP INC  
620 FIFTH AVENUE  
NEW YORK NY**

STREET ADDRESS

CITY-ST-ZIP

**500004613795--1**

**09/27/01--01062--003**

**\*\*\*\*400.00 \*\*\*\*400.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CAREY, WILLIAM POLK  
620 FIFTH AVENUE  
NEW YORK NY**

STREET ADDRESS

CITY-ST-ZIP

**500004613795--1**

**09/27/01--01062--004**

**\*\*\*\*526.25 \*\*\*\*526.25**

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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 #

CR2E003 (5/01)

STAPLE CHECK HERE