

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23675**

1. Entity Name

**CORPORATE PROPERTY ASSOCIATES 7 - A CALIFORNIA LIMITED PARTNERSHIP**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**13-3327950**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$4,651,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **F93000000662**  
NAME **7TH CAREY CORP. PROP INC**  
STREET ADDRESS **620 FIFTH AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 2nd V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

*2/13/02*

CR2E003 (9/01)