

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A27751**

1. Entity Name  
LANCASTER PARTNERS VII, LTD.



Principal Place of Business  
2127 RINGLING BLVD #102  
SARASOTA, FL 34237

Mailing Address  
2127 RINGLING BLVD #102  
SARASOTA, FL 34237



01042006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0092489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RIVOLTA, PIERO  
2127 RINGLING BLVD #102  
SARASOTA, FL 34237

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # P95000069569  
NAME PARKWAY COLLECTION, INC.  
STREET ADDRESS 2127 RINGLING BLVD #102  
CITY-ST-ZIP SARASOTA, FL 34237

DOCUMENT # J76535  
NAME SOUTHERN HAMMOCKS, INC.  
STREET ADDRESS 2212 58TH AVE E  
CITY-ST-ZIP BRADENTON, FL 34203

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/28/06-80020-008.500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Piero Rivolta

4-15-06

941-954-0355

Date

Daytime Phone #

STAPLE CHECK HERE