

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0019898 AT

DOCUMENT # **A29948**

1. Entity Name

MIDLAND PROPERTIES LIMITED PARTNERSHIP VII

02 MAR 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755	Mailing Address 33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755
--	--



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3009366	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MIDLAND FINANCIAL HOLDINGS, INC. 33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,090,000.00	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 # K22808	NAME MIDLAND FINANCIAL HOLDINGS, INC.	STREET ADDRESS	
STREET ADDRESS 33 NORTH GARDEN AVENUE, SUITE 1200	CITY-ST-ZIP CLEARWATER FL 33755	CITY-ST-ZIP	600005183186--9
DOCUMENT #	NAME	STREET ADDRESS	04/02/02--01048--017
STREET ADDRESS		CITY-ST-ZIP	****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: **DON R. REYNOLDS** 3/8/02 (121) 461-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

FILE LABEL HERE