FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A30521

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 14 PM 12: 31

SCHRIMSHER LAND FUND VII, L	.TD.		

Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
600 EAST COLONIAL DR.	600 EAST COLONIAL DR.			08/21/1990	¢1 700 100 00		
STE. 100	STE. 100	STE. 100		3a. Date of Last Report	\$1,700,100.00		
ORLANDO FL 32803	ORLANDO FL 32803			12/15/1997	5b. Amount of Capital Contributions in FLORIDA		
			[4. State or Country of Formation	to date:		
2. Mailing Address	2a. Principal Office Address			FL	1,700,100.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For		
				59-3023515	Not Applicable		
City & State	City & State	City & State					
Zip Country	Zip	Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Godinay	2.tp County			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9_ Name and Address of Current Re	gistered Agent		10. If changed, new Registered Agent/Office				
COMPINELLED I STEVENI		Name					
SCHRIMSHER, J. STEVEN		Street Address (P.O. Box Number Is Not Acceptable)					
600 EAST COLONIAL DR.							
#100	Suite, Apt. #, e		, etc.				
ORLANDO FL 32803		City	FL Zip Code				
10a. Pursuant to the provisions of sections 620.1051 and 620.105, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registere agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
· · · · · · · · · · · · · · · · · · ·	1				Registration/		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c. Document Number		
\checkmark JSS OF ORLANDO, INC.	600 E COLONIAL DR., #	. DR., # OR		ando fl	P98000004654		
				900002 -12/23 ****\$	() y		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							

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12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119,07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath, I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by ckapter 620, Florida Statutes.

SIGNATURE _

J. Steven Schrimsher

_______12/10/98

____ Daytime Telephone Number (407) 423~7600