## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

## Apr 07, 2004 08:00 AM Secretary of State DOCUMENT # A30521 1. Entity Name SCHRIMSHER LAND FUND VII, LTD. 🗸 Principal Place of Business Mailing Address 600 EAST COLONIAL DR. STE. 100 600 EAST COLONIAL DR. ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. \_ CR2E003 (11/03) City & State City & State Applied For 4. FEI Number 59-3023515 Not Applicable Zip . Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHRIMSHER, J. STEVEN Street Address (P.O. Box Number is Not Acceptable) 600 EAST COLONIAL DR. 🗸 #100 ORLANDO FL 32803 City Zip Code 8. The above named entry 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 Sgnature, typed or printed name of registered agent and life 8 applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,700,100.00 🗸 1,700,100,00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY 13. P98000004654 DOCUMENT # STREET ADDRESS JSS OF ORLANDO, INC. NAME 600 E COLONIAL DR., #100 STREET ADDRESS CKTY - ST - ZIP CXTY-ST-ZIP ORLANDO FL U00000111648 SOCIALISM # 04/13/04-80027-024 526.25 STREET ADDRESS NAME STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-73P CITY-ST-ZIP DOCUMENT A STREET ADDRESS MARKE STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STAPLE CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENS # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-JIP

14. Thereby 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** 

J. Steven Schrimsher 4-10-04

**FILED**