

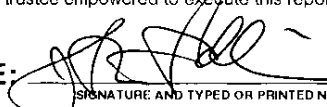


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A30521</b> ✓ 1. Entity Name <b>SCHRIMSHER LAND FUND VII, LTD.</b> ✓				<b>FILED</b> <b>2007 MAR 12 AM 9:14</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> 	
Principal Place of Business <b>600 EAST COLONIAL DR. ✓</b> <b>STE. 100</b> <b>ORLANDO FL 32803</b>		Mailing Address <b>600 EAST COLONIAL DR. ✓</b> <b>STE. 100</b> <b>ORLANDO FL 32803</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-3023515</b> ✓ Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent <b>SCHRIMSHER, J. STEVEN ✓</b> <b>600 EAST COLONIAL DR.</b> <b>#100</b> <b>ORLANDO FL 32803</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>P98000004654 ✓</b> <b>JSS OF ORLANDO, INC.</b> <b>600 E COLONIAL DR., #100</b> <b>ORLANDO FL</b>	STREET ADDRESS CITY ST ZIP			
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	<b>400092641404</b> <b>03/14/07--01042--016 **500.00</b>		
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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					
<b>SIGNATURE:</b> 		<b>J. Steven Schrimsher</b>		<b>2-10-07</b> <b>407-423-7600</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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