

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001039

1. Entity Name

S-B PROPERTIES NO. 7, LTD.

FILED

01 SEP 19 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1123 OVERCASH DR. DUNEDIN FL 34698		Mailing Address 1123 OVERCASH DR. DUNEDIN FL 34698	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 39-1773326		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HU DOBA, STEPHEN M ESQ HILL WARD & HENDERSON, P.A. 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1.00 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 # NAME STREET ADDRESS CITY-ST-ZIP	A32431- SCHMIDT INVESTMENTS LIMITED PARTNERSHIP 330 EAST KILBOURN AVENUE, SUITE 1434 MILWAUKEE WI 53202	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	J14545 OREGON PROPERTIES, INC. 1123 OVERCASH DRIVE DUNEDIN, FL 34698	STREET ADDRESS CITY-ST-ZIP	900004613669-4 09/27/01 01055-002 ****541.25 ****541.25
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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:

SIGNATURE REQUIRED

9/12/01

727-733-7585

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CR2E003 (11/00)