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D. SCOTT MAR 2 0 2017

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: RAYMOND JAMES TAX (Name of Florida Limited Partnership or		
DOCUMENT NUMBER: A97000000	0502	
The enclosed Statement of Dissociation and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning th	his matter to:	
William K. Budd		
(Contact Person)	de les	
Raymond James Tax Credit Fund	os, inc.	
(Firm/Company)		
880 Carillon Parkway, Dept. 0548	<u></u>	
(Address)		
Saint Petersburg, FL 33716		
(City, State and Zip Code)	ALL	
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For further information concerning this matter,	r, please call:	ļu.
William K. Budd	r, please call:  at (727 ) 567-4820  (Area Code and Daytime Telephone Number)	O
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
\$52.50 Filing Fee	5105.00 Filing Fee and Certified Copy.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314	
Fallahassee, FL 32301	- waterstood and a compact t	
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## STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF

### LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

# RAYMOND JAMES TAX CREDIT FUND VII LTD.

2. The name of the dissociating general partner is:

RAYMOND JAMES PARTNERS, INC.

Signature of Dissociating General Partner

Filing Fee: \$52.50 Certified Copy (optional): \$52.50