

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

**DOCUMENT # B00000000003**

1. Entity Name

**U.S. RETAIL INCOME FUND VII, LIMITED PARTNERSHIP**



Principal Place of Business

**3350 RIVERWOOD PARKWAY, SUITE 1500  
ATLANTA GA 30339**

Mailing Address

**3350 RIVERWOOD PARKWAY, SUITE 1500  
ATLANTA GA 30339**

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

**58-2484031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$3,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL 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 # **F01000003501**  
NAME **BVT INSTITUTIONAL INVESTMENTS, INC.**  
STREET ADDRESS **3350 RIVERWOOD PARKWAY, SUITE 1500**  
CITY-ST-ZIP **ATLANTA GA 30339**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F94000005616**  
NAME **VUWB INVESTMENTS, INC.**  
STREET ADDRESS **575 FIFTH AVENUE, 17TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10017**

STREET ADDRESS

CITY-ST-ZIP

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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:**

*M. Scott Wean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*3/8/04*

Date

*770-618-3500*

Daytime Phone #

APPROVED  
AND  
FILED

04 APR -9 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (11/03)

STAPLE CHECK HERE