## 2005 LIMITED PARTNERSHIP ANNUAL REPORT \_ Gue By May 1, 2005

SIGNATURE: M. SLOT WEAR

## **DOCUMENT # B00000000003** 2005 APR 26 PH 12: 31 U.S. RETAIL INCOME FUND VII, LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3350 RIVERWOOD PARKWAY, SUITE 1500 3350 RIVERWOOD PARKWAY, SUITE 1500 ATLANTA, GA 30339 ATLANTA, GA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E003 (10/03) 04212005 Chg-LP Applied For 4. FEt Number City & State City & State 58-2484031 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301 City Zin 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 10. Amount of Capital Contributions \$3,000,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. F01000003501 DOCUMENT # STREET ADDRESS HAME BVT INSTITUTIONAL INVESTMENTS, INC. STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1500 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30339 F94000005616 **700054342647** 05/12/05--01000--002 DOCUMENT # STREET ADDRESS NAME VUWB INVESTMENTS, INC. STREET ADDRESS 575 FIFTH AVENUE, 17TH FLOOR CITY-ST-ZIP NEW YORK, NY 10017 CITY-ST-ZIP DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STORET ADDRESS CITY-ST-ZIP CRY-ST-ZIP 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

M. Scott Weave

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PART

FILED

4/21/05

770-618-3500