

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 22 AM 9:23

**DOCUMENT # B05000000076**

1. Entity Name  
THE REALTY ASSOCIATES FUND VII, L.P.



Principal Place of Business  
2711 CENTERVILLE ROAD, SUITE 400  
WILMINGTON, DE 19808

Mailing Address  
2711 CENTERVILLE ROAD, SUITE 400  
WILMINGTON, DE 19808

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152007

Chg-LP

CR2E003 (12/06)

4. FEI Number  
APPLIED FOR

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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.

800086144328  
01/24/07--01039--005 \*\*\$500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # M05000000861  
NAME REALTY ASSOCIATES FUND VII LLC  
STREET ADDRESS 28 STATE ST., 10TH FL  
CITY-ST-ZIP BOSTON, MA 02109

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F05000001019  
NAME REALTY ASSOCIATES FUND VII TEXAS CORPORATI  
STREET ADDRESS 28 STATE ST., 10TH FL  
CITY-ST-ZIP BOSTON, MA 02109

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Rene President of Gen Partner

1/16/07 617-476-2700  
Date Daytime Phone #

STAPLE CHECK HERE