

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003925			
1. Entity Name NATIONAL HOMES TRUST VII, INC.			
Principal Place of Business 12400 WILSHIRE BLVD., SUITE 1450 LOS ANGELES, CA 90025		Mailing Address 12400 WILSHIRE BLVD., SUITE 1450 LOS ANGELES, CA 90025	
DO NOT WRITE IN THIS SPACE			
			
		01062004 No Chg-NP CR2E037 (10/03)	
4. FEI Number 95-4785431		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	CP	DO NOT WRITE IN THIS SPACE	
NAME	PORATH, ARNOLD		
STREET ADDRESS	12400 WILSHIRE BLVD., SUITE 1450		
CITY-ST-ZIP	LOS ANGELES, CA 90025		
TITLE	VCV		
NAME	LEVENSON, STEVEN		
STREET ADDRESS	2082 MICHELSON DRIVE, SUITE 100		
CITY-ST-ZIP	IRVINE, CA 92612		
TITLE	D		
NAME	POND, MATT		
STREET ADDRESS	12400 WILSHIRE BLVD., SUITE 1450		
CITY-ST-ZIP	LOS ANGELES, CA 90025		
TITLE	ST		
NAME	MELTZER, DAVID		
STREET ADDRESS	12400 WILSHIRE BLVD., SUITE 1450		
CITY-ST-ZIP	LOS ANGELES, CA 90025		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DAVID MELTZER		1/12/04 (310) 826-3174	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	