

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000003925

FILED
Mar 11, 2003
Secretary of State

Entity Name: NATIONAL HOMES TRUST VII, INC.

Current Principal Place of Business:

12400 WILSHIRE BLVD., SUITE 1450
LOS ANGELES, CA 90025

New Principal Place of Business:

Current Mailing Address:

12400 WILSHIRE BLVD., SUITE 1450
LOS ANGELES, CA 90025

New Mailing Address:

FEI Number: 95-4785431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: PORATH, ARNOLD
Address: 12400 WILSHIRE BLVD., SUITE 1450
City-St-Zip: LOS ANGELES, CA 90025

Title: VCV () Delete
Name: LEVENSON, STEVEN
Address: 2082 MICHELSON DRIVE, SUITE 100
City-St-Zip: IRVINE, CA 92612

Title: D () Delete
Name: POND, MATT
Address: 12400 WILSHIRE BLVD., SUITE 1450
City-St-Zip: LOS ANGELES, CA 90025

Title: ST () Delete
Name: MELTZER, DAVID
Address: 12400 WILSHIRE BLVD., SUITE 1450
City-St-Zip: LOS ANGELES, CA 90025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MELTZER

ST

03/11/2003

Electronic Signature of Signing Officer or Director

Date