



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90200 039 ***150.00

DOCUMENT # F04000001085						
1. Entity Name BLUEGREEN RECEIVABLES FINANCE CORPORATION VII						
Principal Place of Business 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431		Mailing Address 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431				
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 34-1978092 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	See attached sheet. <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HERZ, ALLAN J	NAME				
STREET ADDRESS	4960 CONFERENCE WAY NORTH, SUITE 100	STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP				
TITLE	DVPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PULEO, ANTHONY M	NAME				
STREET ADDRESS	4960 CONFERENCE WAY NORTH, SUITE 100	STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP				
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WARDAK, AHMAD	NAME				
STREET ADDRESS	4960 CONFERENCE WAY NORTH, SUITE 100	STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ANGELO, BERNARD J	NAME	Bernard J. Angelo			
STREET ADDRESS	C/O 495 BROAD HOLLOW ROAD, SUITE 239	STREET ADDRESS	445 Broad Hollow Road, Suite 239			
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	Melville, New York 11747			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MARTIN, JAMES R	NAME				
STREET ADDRESS	4960 CONFERENCE WAY NORTH, SUITE 100	STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		NAME	Teri Puleo			
STREET ADDRESS		STREET ADDRESS	4960 Conference Way North, Suite 100			
CITY-ST-ZIP		CITY-ST-ZIP	Boca Raton, Florida 33431			
12. 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 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 607, 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: 		James R. Martin, Secretary		4-24-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 561-912-8000		

ATTACHMENT

60030510

#F040000001085

Bluegreen Receivables
Finance Corporation VII

Officers:

Allan J. Herz, President
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

James R. Martin, Secretary
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Anthony M. Puleo, Treasurer
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Anthony M. Puleo, Vice President
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Ahmad Wardak, Vice President
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Teri Puleo, Vice President
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Martha Waltermire, Vice President
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Directors:

Allan J. Herz
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Anthony M. Puleo
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Bernard J. Angelo
445 Broad Hollow Road, Suite 239
Melville, New York 11747