


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051162	
1. Entity Name C/MAX CAPITAL GP - VII, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 PM 3:17

U04/07/04

Principal Place of Business 515 E LAS OLAS BLVD, STE 1020 FORT LAUDERDALE, FL 33301	Mailing Address 515 E LAS OLAS BLVD, STE 1020 FORT LAUDERDALE, FL 33301
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2. Principal Place of Business 1550 Sawgrass Cpt. Pkwy Suite, Apt. #, etc. #230 City & State Sunrise, FL Zip 33323 Country USA	3. Mailing Address 1550 Sawgrass Cpt. Pkwy Suite, Apt. #, etc. #230 City & State Sunrise, FL Zip 33323 Country USA
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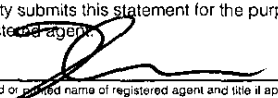


02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0463738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WATSON, KEVIN 515 E LAS OLAS BLVD, STE 1020 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Kevin M. Watson Street Address (P.O. Box Number is Not Acceptable) 1550 Sawgrass Cpt. Pkwy #230 City Sunrise FL Zip Code 33323
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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.

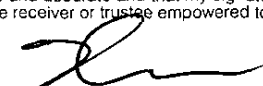
SIGNATURE:  DATE: 3/8/04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  KEVIN WATSON DATE: 3/8/04 DAYTIME PHONE #: 954-315-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE