


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001797 1. Entity Name FWI 7, LLC	
--	---

Principal Place of Business 197 EIGHTH ST., STE. 800 BOSTON, MA 02129	Mailing Address 197 EIGHTH ST., STE. 800 BOSTON, MA 02129
---	---

DO NOT WRITE IN THIS SPACE

06302005 No Chg-LLC ... CR2E083 (10/03)

4. FEI Number 04-3531282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLAGSHIP INVESTMENT I LLC 197 EIGHTH ST., STE 800 BOSTON, MA 02129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000375265
08/01/05-80010-022 100.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *DomC* 7/6/05

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

Daytime Phone # _____