2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 28, 2025
Secretary of State
4251205119CC

DOCUMENT# M17000002498

Entity Name: ORLANDO LEASED HOUSING DEVELOPMENT VII, LLC

Current Principal Place of Business:

2905 NORTHWEST BOULEVARD
SUITE 150
PLYMOUTH, MN 55441

Current Mailing Address:

2905 NORTHWEST BOULEVARD
SUITE 150
PLYMOUTH, MN 55441 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	SWEEN, PAUL	Name	ALLEN, TIMOTHY S.
Address	2905 NORTHWEST BOULEVARD SUITE 150	Address	2905 NORTHWEST BOULEVARD SUITE 150
City-State-Zip:	PLYMOUTH MN 55441	City-State-Zip:	PLYMOUTH MN 55441
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	LAHNA, CHRISTOPHER	Name	EWING, E. SCOTT
Address	2905 NORTHWEST BOULEVARD SUITE 150	Address	2905 NORTHWEST BOULEVARD SUITE 150
City-State-Zip:	PLYMOUTH MN 55441	City-State-Zip:	PLYMOUTH MN 55441
Title	AUTHORIZED REPRESENTATIVE	Title	MANAGER
Name	BROOKINS, ADAM	Name	BRACHMAN, ARMAND E.
Address	2905 NORTHWEST BOULEVARD SUITE 150	Address	2905 NORTHWEST BOULEVARD SUITE 150
City-State-Zip:	PLYMOUTH MN 55441	City-State-Zip:	PLYMOUTH MN 55441
Title	MANAGER	Title	MANAGER
Name	MOORHOUSE, MARK S.	Name	BARNES, CHRISTOPHER P.
Address	2905 NORTHWEST BOULEVARD SUITE 150	Address	2905 NORTHWEST BOULEVARD SUITE 150
City-State-Zip:	PLYMOUTH MN 55441	City-State-Zip:	PLYMOUTH MN 55441

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I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY S. ALLEN — AUTHORIZED REPRESENTATIVE — 03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	METZ, OWEN C.
Address	2905 NORTHWEST BOULEVARD SUITE 150
City-State-Zip:	PLYMOUTH MN 55441