2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001491

1. Entity Name
BAHIA VISTA ASSOCIATES, L.L.L.P.

Principal Place of Business	Mailing Address
1991 MAIN STREET, BOX 183 SARASOTA, FL 34236	1991 MAIN STREET, BOX 183 SARASOTA, FL 34236

03062006 Chg-LP CR2E003 (11/05)

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 65-1152858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAND, DAVID S 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	BAND, DAVID S	CITY-ST-ZIP	
STREET ADDRESS	240 S. PINEAPPLE AVE., 10TH FLOOR		
CITY-ST-ZIP	SARASOTA, FL 34236		
DOCUMENT #		STREET ADDRESS	U00000532990
NAME	KANE, STANLEY B	CITY-ST-ZIP	05/06/06-80103-006 500.00
STREET ADDRESS	1991 MAIN STREET, SUITE 260		
CITY-ST-ZIP	SARASOTA, FL 34246		
DOCUMENT #		STREET ADDRESS	
NAME	KANE, DANIEL	CITY-ST-ZIP	
STREET ADDRESS	1991 MAIN STREET, SUITE 260		
CITY-ST-ZIP	SARASOTA, FL 34246		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: David S. Band, Gen Ptr 3/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #