

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05936

FILED
Mar 01, 2006
Secretary of State

Entity Name: BUENA VISTA PARTNERS, LTD.

Current Principal Place of Business:

1701 LEE ROAD, SUITE A
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1701 LEE ROAD, SUITE A
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1692338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M.D. CARLISLE CORP. OF FLORIDA
1701 LEE ROAD, SUITE A
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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

GENERAL PARTNER INFORMATION:

Document #: M99000001371
Name: FELDMAN ALTAMONTE LLC
Address: 1701 LEE ROAD, SUITE A
City-St-Zip: WINTER PARK, FL 32789
Document #: M99000001372
Name: PEARCE ALTAMONTE LLC
Address: 1350 AVENUE OF THE AMERICAS, SUITE 2808
City-St-Zip: NEW YORK, NY 10019
Document #: 507033
Name: M.D. CARLISLE CORP. OF FLORIDA
Address: 1701 LEE ROAD, SUITE A
City-St-Zip: WINTER PARK, FL 32789

ADDRESS CHANGES ONLY:

Address: _____
City-St-Zip: _____

Address: 330 EAST 71ST. STREET, SUITE 1A
City-St-Zip: NEW YORK, NY 10021

Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JOHN GRANT

VP

03/01/2006

Electronic Signature of Signing General Partner

Date