

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05936

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** BUENA VISTA PARTNERS, LTD.

**Current Principal Place of Business:**

352 PARK AVENUE SOUTH  
NEW YORK, NY 10010

**New Principal Place of Business:**

352 PARK AVENUE SOUTH  
15 TH. FLOOR  
NEW YORK, NY 10010

**Current Mailing Address:**

1701 LEE ROAD, SUITE A  
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  
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: 330 EAST 71ST. STREET, SUITE 1A  
City-St-Zip: NEW YORK, NY 10021

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:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby 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

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date