

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 20 AM 8:59



1. Name of Limited Partnership	1a. DOCUMENT # A07986
BUENA VISTA INVESTMENT FUND, LTD.	

Mailing Address BARNETT PLAZA 101 EAST KENNEDY BOULEVARD, SUITE 3925 TAMPA FL 33602		Principal Office Address BARNETT PLAZA 101 EAST KENNEDY BOULEVARD, SUITE 3925 TAMPA FL 33602		3. Date Formed or Registered 09/27/1979	5a. Capital Contributions as Shown on record \$10,288,676.11
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/28/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. State or Country of Formation FL	
City & State	City & State			6. FEI Number 59-1962939	☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	7. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent FROST, MICHAEL H. BARNETT PLAZA 101 EAST KENNEDY BOULEVARD, SUITE 3925 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
	400002047124--5 -01/06/97--01075--004 ****138.75 ****138.75 FL
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KENNEDY, DAVID A.	101 E. KENNEDY #3925	TAMPA FL	F07127 F01817 400002047124--5 -01/06/97--01075--003 ****437.50 ****437.50
FROST, MICHAEL H.	101 E. KENNEDY #3925	TAMPA FL	
BUENA VISTA PALACE CORP.	101 E. KENNEDY #3925	TAMPA FL	
BUENA VISTA INVEST.CORP.	625 MADISON AVE 10TH	NEW YORK NY	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Michael H. Frost* DATE 11/22/96
Typed or Printed Name of General Partner Signing Form Michael H. Frost Daytime Telephone Number (813) 221-7535

CR2E003 (6/96)