

2002 UNIFORM BUSINESS REPORT (UBR)

0013454 AT

DOCUMENT # **A07986**

FILED

02 MAR 14 PM 12: 24

1. Entity Name

BUENA VISTA INVESTMENT FUND, LTD.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629**
Mailing Address: **2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **59-1962939**
Applied For: Not Applicable:

Zip: Country

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

~~FROST, MICHAEL H.~~
2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: ~~\$10,288,676.11~~ **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$100.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	KENNEDY, DAVID A.
NAME	2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	FROST, MICHAEL H.
NAME	2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	F07127
NAME	BUENA VISTA PALACE CORP.
STREET ADDRESS	2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629
CITY-ST-ZIP	
DOCUMENT #	F01817
NAME	BUENA VISTA INVEST.CORP.
STREET ADDRESS	625 MADISON AVE 10TH FL NEW YORK NY
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900005169669--9
CITY-ST-ZIP	-03/26/02--01056--018
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael Frost*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 1-25-02
Daytime Phone #: _____

STAPLE CHECK HERE

CR2E003 (9/01)