2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

SIGNATURE:

DOCUMEN I # A07986  1. Entity Name  BUENA VISTA INVESTMENT FUND, LTD.						Mar 17, 2004 08:00 AM Secretary of State		
BOLIVA V	NOIW HAAT	.STIVILINI I OND,	LID.					
Principal Place of Business Mailing Address								
2910 W. BA TAMPA FL	.VD., SUITE 200	2910 W. BAY TO BA TAMPA FL 33629	0 W. BAY TO BAY BLVD., SUITE 200 MPA FL 33629					
					·			
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		-	MOORE CR2E003 (11/03)	-	
City & Sta	te		City & State			4. FEI Number 59-1962939 Applie		
Zip Country		Zip Cour		ntry	5. Certificate of Status Desired	nal		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
					Name			
FROST, MICHAEL H. 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629				Street A		P.O. Box Number is Not Acceptable)		
					City	<b>□</b> Zip Code		
					City FL Zip Code stered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the state of Florida.			
	tions of register		t sie pulpose of changing i	is register	od omeg <u>o</u> n jegiotei	occupants of court, in the case of a company of an international control of the court of the cou	0.00	
SIGNATURE	Signature, typed or	printed name of registered agent	and title if applicable.		<del></del>	DATE	<del>-</del> -	
9. Capital Contributions \$10,288,676.11 in FLORIDA to date					butions	11. MAKE CHECK PAYABLE TO FL. DEPT. O SEE REVERSE SIDE FOR FEE INFORMAT		
20 0/10/1/1	A GE	NERAL PARTNER T General Partners MA	THAT IS A BUSINESS E	NTITY N	IUST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE.  It must be filed to change a general partner.	, and any	
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY		
DOCUMENT# NAMÉ					EET ADDRESS			
STREET ADDRESS 2910 W. BAY TO BAY BLVD., SUITE 200 CITY-ST-ZIP TAMPA FL 33629				CITY	-ST-ZIP	<u>U00000096632</u> <del>U3/26/04-80003-0</del> 15 526.25		
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STREET ADDRESS CITY-ST-ZIP				GITY	-ST-ZIP		-,	
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STREET ADDRESS				CITY	-ST-ZIP		•-	
DOCUMENT #				SIR	EFT ADDRESS	<u> </u>		
NAME STREET ADDRESS					<u> </u>		<u></u> -	
DITY-ST-ZIP					-ST-ZIP	27077 51-24 524	<del></del>	
14. I hereby indicated	certify that the i	ntormation supplied with is true and accurate and	i this filing does not qualify f that my signature shall have	or the exe e the sam	mption stated in Se e legal effect as if n	oction 119.07(3)(i), Florida Statutes. I further certify that the informate under oath, that I am a General Partner of the limited partn	natio ersh	

**FILED** 

3/15/04

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