


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

**FILED  
Mar 17, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A07986</b>		
1. Entity Name BUENA VISTA INVESTMENT FUND, LTD.		

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1962939	Applied For Not Applied
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  FROST, MICHAEL H. 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

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	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F07127 BUENA VISTA PALACE CORPORATION 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

U00000096632  
03/26/04-80003-015 526.25

STAPLE CHECK HERE

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Mike Frost 3/15/04 813221753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #