## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A07986

1. Entity Name

BUEÑA VISTA INVESTMENT FUND, LTD.



**FILED** Apr 17, 2006 08:00 AN Secretary of State

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



04032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-1962939

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

		IN THIS GLASE
	e named entity submits this statement for the purpose of changing it tions of registered agent.	Is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tills if applicable.	DATE
·	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$90	The state of the s
	A GENERAL PARTNER THAT IS A BUSINESS E NOTE: General Partners MAY NOT be changed on	NTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 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	U00000514526
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		U00000514526 04/29/06-80171-017 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	· · ·	
DOCUMENT # NAME STREET ADDRESS	-	

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER