


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A07986	
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 - No P.O. Box # 10100 International Dr. Suite, Apt. #, etc. 2001 City & State Orlando, FL Zip 32821 Country USA	3. Mailing Address 10100 International Dr. Suite, Apt. #, etc. 2001 City & State Orlando, FL Zip 32821 Country USA
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FILED
2007 APR 30 AM 11:15
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1st MOORE CR2E003 (10/06)

4. FEI Number 59-1962939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FROST, MICHAEL H. 10100 International Dr. #2001 Orlando, FL 32821	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code
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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.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900.*** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY - ST - ZIP	F07127 BUENA VISTA PALACE CORPORATION 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629	STREET ADDRESS CITY - ST - ZIP	Buena Vista PALACE Corporation 10100 International Dr. #2001 Orlando, FL 32821
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14. I hereby certify that the information supplied with this filing 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE.