2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED
May 01, 2008 08:00 A
Secretary of State

1. Entity Name

BUENAVENTURA LAKES SHOPPING CENTER, LTD.



Principal Place of Business

550 BILTMORE WAY #1110 CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY #1110 CORAL GABLES, FL 33134



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2757978

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSA ECKSTEIN SCHECHTER 550 BILTMORE WAY #1110 CORAL GABLES, FL 33134

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.	in the State of Florida. I am familiar with, and accept
SIGNATURE Squature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00	

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.

	NOTE: General Partners MAY NOT be changed on the	
	12.	GENERAL PARTNER INFORMATION
	DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP	M32158 BUENAVENTURA LAKES SHOPPING CENTER, INC. 550 BILTMORE WAY, #1110 CORAL GABLES, FL 33134
-	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
	DOCUMENT / NAME	

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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 eath, 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:

STREET ADDRESS
CITY-SI-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-SI-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-SI-ZIP

COCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

a Schechter 22-08

(305)461-2440

Date

Daytime Phone 4