

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004



DOCUMENT # A97000000088

1. Entity Name
KESSLER LAKE BUENA VISTA I, LTD.

FILED

04 MAY 11 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7380 SAND LAKE ROAD, SUITE 120 7380 SAND LAKE ROAD, SUITE 120
ORLANDO, FL 32819 ORLANDO, FL 32819

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-3418436 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. *6,700,293.00* 10. Amount of Capital Contributions in FLORIDA to date. *6,700,293.00*

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000002785	STREET ADDRESS	
NAME	MWK LAKE BUENA VISTA I, INC.	CITY-ST-ZIP	000036068110
STREET ADDRESS	7380 SAND LAKE ROAD, SUITE 120		05/11/04--01039--025 **526.25
CITY-ST-ZIP	ORLANDO, FL 32819		
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STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE: *Richard C. Kessler* Richard C. Kessler 4/28/04 (407) 996-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #