

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000015

BUENA VISTA AT CYPRESS POINT LIMITED PARTNERSHIP



Mailing Address 541 S ORLANDO AVE STE 210 MAITLAND FL 32751	Principal Office Address 541 S ORLANDO AVE STE 210 MAITLAND FL 32751
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 01/05/1993	5a. Capital Contributions as Shown on record \$6,891,129.00
3a. Date of Last Report 01/17/1996	5b. Amount of Capital Contributions in FLORIDA to date: 6,891,129.00
4. State or Country of Formation TX	6. FEI Number 65-0339201 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent HOEKSEMA, DOUGLAS A 541 S ORLANDO AVE STE 210 MAITLAND FL 32751	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TCR BUENA VISTA, INC.	541 S ORLANDO AVE STE	MAITLAND FL	P39171
		800002061278--6	
		-01/17/97--01014--017	
		****576.25 ****576.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

TCR Buena Vista, Inc.

SIGNATURE *Douglas A. Hoeksema* DATE _____

Typed or Printed Name of General Partner Signing Form Douglas A. Hoeksema Daytime Telephone Number _____

CR2E003 (6/96)