2002 UNIFORM BUSINESS REPORT (UBR)

Prop # 720
A 514625

FILED
02 MAR 11 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # B93000000015

1. Entity Name

BUENA VISTA AT CYPRESS POINT LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
201 N. NEW YORK AVE., SUITE 200 WINTER PARK FL 32789	201 N. NEW YORK AVE., SUITE 200 WINTER PARK FL 32789

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number 65-0339201 ☐ Applied For ☐ 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
HOEKSEMA, DOUGLAS A 541 S ORLANDO AVE STE 210 MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) 201 N. New York Avenue Suite 200 City Winter Park **FL** Zip Code 32789

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$6,891,129.00	$6,891,129.00	

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 #	P39171	STREET ADDRESS	
NAME	TCR BUENA VISTA, INC.	CITY-ST-ZIP	
STREET ADDRESS	201 N. NEW YORK AVE., SUITE 200		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000005109010--8
STREET ADDRESS			-03/14/02--01075--022
CITY-ST-ZIP			****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (9/01)

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: TCR Buena Vista, Inc. James C. Grant, AS 2/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #