2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 22, 2004 08:00 AM Secretary of State

	DOCUMENT # B9300000015 1. Entity Name BUENA VISTA AT CYPRESS POINT LIMITED PARTNERSHIP				Secretary of State		
	201 N. NEW YORK AVE., SUITE 200 640			ailing Address 1400 CONGRESS AVENUE, STE 2100 180CA RATON, FL 33487		2000 2000	
}	2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address			
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02202004 Chg-LP CR2E003 (10/03)	
F	City & State		City & State	City & State		4. FEI Number Applied For 65-0339201 Not Applicable	
	Zip	Country	Zip	Cou	stry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re		ent Registered Agent			7. Name and Address of New Registered Agent	
	CORPORATION CERVICE COMPANY				Name		
	1201 HAYS	ITION SERVICE COMPAN' SISTREET SSEE, FL 32301-2525	,			(P.O. Box Number is Not Acceptable)	
	FALLATIAGGEE, FL GEGOTZGEG						
					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 Signature, typed or printed name of registered egent and title if applicable.				DATE		
	9. Capital Contributions as Shown on record. \$6,891,129.00 In FLORIDA to date.				butions		
4	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	
ĺ	DOCUMENT # NAME	P39171 TCR BUENA VISTA, INC.			REET ADORESS		
	STREET ADDRESS CITY-ST-ZIP				Y-53 Z3P	U00000102101	
STAPLE CHECK HERE	DOCUMENT #				REET ADDRESS	04/05/04-80001-008 526.25	
	NAME STREET ADDRESS CITY-ST-ZIP	EET ADDRESS - ST- ZIP UMENT #			Y S1 38P		
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	14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Degree Florida Degree Florida Degree Florida						