2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:31

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	6400 CONGRESS AVENUE, STE 2100 BOCA RATON, FL 33487

02092005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
495 N. Keller Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland	City & State
Zip: 32751 Country: USA	Zip Country

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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.	10. Amount of Capital Contributions in FLORIDA to date.
$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	495 North Keller Road
NAME	TCR BUENA VISTA, INC.		
STREET ADDRESS	201 N. NEW YORK AVE., SUITE 200	CITY-ST-ZIP	Maitland, FL 32751
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900049298179
NAME			03/28/05--01074--006 **526.25
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Secretary or VP 2.15.05 561-998-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #