2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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03 APR -8 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.	6400 CONGRESS AVE. Suite, Apt. #, etc. STE 2100
City & State	City & State BOCA RATON, FL
Zip / Country	Zip 33487 / Country US

DUE BY MAY 1, 2003

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 201 N. NEW YORK AVENUE, SUITE 200 WINTER PARK FL 32789	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St. City: Tallahassee FL Zip Code: 32301-2525

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: Maria S Replogle — Maria S. Replogle as its agent — 4/8/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$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	900015758299 04/11/03--01063--014 **88.75
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	900015758299 04/11/03--01063--015 **437.50
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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.

Buena Vista at Cypress Point LP
By: Ace Buena Vista, Inc.

SIGNATURE: Shari Shishorat — 3-28-03 — 561-998-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #