

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # B97000000060		
1. Entity Name TCR BUENA VISTA PLACE LIMITED PARTNERSHIP		

Principal Place of Business 201 N. NEW YORK AVE., SUITE 200 WINTER PARK, FL 32789	Mailing Address 6400 CONGRESS AVE., STE 2100 BOCA RATON, FL 33487
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	P37903	STREET ADDRESS	
NAME	TCR N.F. MULTI-FAMILY, INC.	CITY-ST-ZIP	
STREET ADDRESS	201 N. NEW YORK AVE., SUITE 200		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	000000167549
NAME		CITY-ST-ZIP	07/20/04-80009-016 141.25
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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

By TCR N.F. MultiFamily Inc as GP.
SIGNATURE: *Stan Desmarat*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-8-04 561-998-4451
Date Daytime Phone #

STAPLE CHECK HERE