
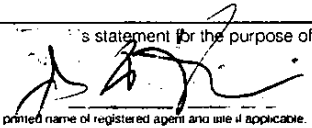
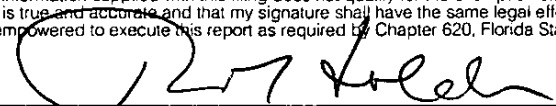


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 25, 2005 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # B99000000413</b>			
1. Entity Name BUENA VISTA SHORES, LP			
Principal Place of Business 969 HILLSBORO MILE HILLSBORO BEACH, FL 33062		Mailing Address 969 HILLSBORO MILE HILLSBORO BEACH, FL 33062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03032005 Chg-LP CR2E003 (10/03) 65-0960430		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRANT, MARK F ESQ. 200 EAST BROWARD BLVD., 18TH FLOOR FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name <u>Jesse Diner</u> Street Address (P.O. Box Number is Not Acceptable) <u>One Financial Plaza, Suite 1400</u> City <u>Ft. Lauderdale</u> FL Zip Code <u>33394</u>	
8. The above named entity's 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 date if applicable.		JESSE DINER 3/24/05 DATE	
9. Capital Contributions as Shown on record. \$15,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000005906 BUENA VISTA SHORES, INC. 969 HILLSBORO MILE HILLSBORO BEACH, FL 33062	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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			
SIGNATURE: 		3-20-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE