

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC -3 PM 12:41

1. Name of Limited Partnership  VACATION PARK, LTD.	1a. DOCUMENT # <b>A32040</b>
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Mailing Address % HOLYFIELD ASSOCIATES. P.A. 1601 FORUM PLACE, SUITE 801 WEST PALM BEACH FL 33401	Principal Office Address % HOLYFIELD ASSOCIATES. P.A. 1601 FORUM PLACE, SUITE 801 WEST PALM BEACH FL 33401	3. Date Formed or Registered <b>09/26/1991</b>	5a. Capital Contributions as Shown on record. <b>\$299,071.00</b>
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report <b>12/15/1997</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$114,694</b>
		4. State or Country of Formation <b>FL</b>	6. FEI Number <b>65-0327872</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent  SHENKMAN, CURTIS L 11891 US HIGHWAY ONE N. PALM BCH. FL 33408	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PALM BEACH ISLANDS & DEVELOP	% 1601 FORUM PLACE, S	WEST PALM BEACH FL 33	K90821
300002707373--0 -12/03/98--01069--012 ****526.25 ****526.25			

CR2E003 (8/98)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE **10/3/98**  
 Typed or Printed Name of General Partner Signing Form **John Eric Smith** Daytime Telephone Number **564-689-6000**