

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 17 AM 9:23

1. Name of Limited Partnership
GRAND VACATIONS, LTD.

1a. DOCUMENT #
A32527



Mailing Address 6355 METROWEST BLVD SUITE 180 ORLANDO FL 32835	Principal Office Address 6355 METROWEST BLVD SUITE 180 ORLANDO FL 32835	3. Date Formed or Registered 01/31/1992	5a. Capital Contributions as Shown on record. \$1,560,000.00
2. Mailing Address 7208 Sand Lake Road Suite 302 Orlando FL 32819	2a. Principal Office Address 7208 Sand Lake Road Suite 302 Orlando FL 32819	3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
		6. FEI Number 65-0310000	<input type="checkbox"/> Applied For <input 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 MCMULLEN, MALCOLM W 6355 METROWEST BLVD SUITE 180 ORLANDO FL 32835	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 7208 Sand Lake Road Suite 302 Suite, Apt. #, etc. City Orlando FL Zip Code 32819
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10a. Pursuant to the provisions of sections 620.1051 and 620.106, 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 620.152, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE **2/13/97**

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) AMER RESORTS DEV CO,LTD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6355 METROWEST BLVD	11b. City, State & Zip Code ORLANDO FL	11c. Registration/ Document Number A32523
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**000002097170--1
-02/25/97--01118--002
****541.25 ****541.25**

dec 541.25 (new fees)

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 section 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/13/97**

Typed or Printed Name of General Partner Signing Form **Malcolm W McMillen** Daytime Telephone Number **407 363 3838**

President American Resorts Development Corporation

CR2E003 (1/96)