

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 24 AM 9:21



1. Name of Limited Partnership
**1a. DOCUMENT #
A94000000967**

GRAND VACATIONS REALTY, LIMITED

Mailing Address: 6355 METROWEST BOULEVARD, SUITE 180, ORLANDO FL 32835
Principal Office Address: 6355 METROWEST BOULEVARD, SUITE 180, ORLANDO FL 32835

3. Date Formed or Registered: 07/15/1994
5a. Capital Contributions as Shown on record: \$10.00
3a. Date of Last Report: 12/30/1996
5b. Amount of Capital Contributions in FLORIDA to date: \$10.00
4. State or Country of Formation: FL

2. Mailing Address: 6355 MetroWest Boulevard, Suite 180, Orlando, FL 32835
2a. Principal Office Address: 6355 MetroWest Boulevard, Suite 180, Orlando, FL 32835

6. FEI Number: 59-3261143
7. Certificate of Status Desired: \$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
HARRILL, DONALD L
6355 METROWEST BOULEVARD, SUITE 180
ORLANDO FL 32835

10. If changed, new Registered Agent/Office
Name: HARRILL, DONALD L
Street Address (P.O. Box Number, if applicable): 6355 METROWEST BOULEVARD, SUITE 180
Suite, Apt. #, etc.: SUITE 180
City: ORLANDO
State: FL
Zip Code: 32835

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 |
|-----------------------------------|---|-----------------------------|-----------------------------------|
| GRAND VACATIONS REALTY, INC. | 6355 METROWEST BOULEV | ORLANDO FL 32835 | P39241 |

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: *Donald L. Harrill*
DATE: February 12, 1998
Printed Name of General Partner: Donald L. Harrill
Phone Number: 407-521-3100

CR2E003 (12/97)