

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO 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 MAR 17 AM 9:55

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000002044

WESTGATE VACATION VILLAS, LTD.

Mailing Address  
5601 WINDHOVER DRIVE  
ORLANDO FL 32819

Principal Office Address  
5601 WINDHOVER DRIVE  
ORLANDO FL 32819

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

3. Date Formed or Registered

12/26/1995

5a. Capital Contributions as  
Shown on record

\$1,000.00

3a. Date of Last Report  
01/09/1996

5b. Amount of Capital  
Contributions in Florida  
to date

\$1,000.00

4. State or Country of Formation

FL

6. FEI Number

APPLIED FOR  
59-3350611

Applied For  
 Not Applicable

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

WESTGATE VACATION VILLAS, INC.  
5601 WINDHOVER DRIVE  
ORLANDO FL 32819

10. If changed, new Registered Agent/Office

Name: Michael Marder.

Street Address (P.O. Box Number Is Not Acceptable)

100 West Cypress Creek Road  
Suite 700

City: FT. LAUDERDALE

Zip Code: 33309

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 (Reg-stered Agent Accepting Appointment)

DATE

12/18/96

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

WESTGATE VACATION VILLAS, INC.

5601 WINDHOVER DRIVE

ORLANDO FL 32819

P9500098525

600002118476--1  
-03/19/97--01116--010  
\*\*\*\*156.25 \*\*\*\*156.25

New Fees

CR2E003 (6/96)

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

12/16/96