## 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

1. Name of Limited Partnership

**DOCUMENT#** A97000002516

98 DEC 31 PM 12: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



BETHEL BEACH CLUB PARTI	IERS, LTD.					
Mailing Address  1001 W. CYPRESS CREEK ROAD. #320 FT LAUDERDALE FL 33309	Principal Office Address  1001 W. CYPRESS CREEK ROAD. #320 FT LAUDERDALE FL 33309		7	3. Date Formed or Registered 11/19/1997 3a. Date of Last Report	5a. Capital Contributions as Shown on record.	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		12/08/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
				FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-079 AP-PLIED FOR	5745 Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
9 Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
		Name				
MILLENNIUM VACATION GROUP, INC. 1001 W CYPRESS CREEK ROAD, #320		Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33309		Suite, Apt. #, etc.				
		City		FL Zip Code		
agent. I am familiar with, and accept the obligation:  SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT  MUS		LIMITED ID ACTIV	PART E WIT	DATE NERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener	al Partner lox Numbers)	11b.	City, State & Zip Code	11c. Registration/	
MILLENNIUM VACATION GROUP, I	1001 W CYPRESS CREEK		FT	LAUDERDALE FL 3330	P97000089177	
				700002 -01/21 ****1	7500274 /9901081024 41.25 ****141.25	
Note: General partners MAY NOT	be changed on this forr	n; an am	endme	nt must be filed to cha	nge a general partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate end that my significant control is the supplied by the control in the	Section 119.07(3)(k) in the event that the in mature shall have the same legal effects as	nformation suppli	ied is deem	ad exempt from public access. I further	certify that the Information Indicated on	
SIGNATURE			•	DATE	12/30/98	
Typed or Printed Name of General Partner Signing Form / CAMILO AGUINAC Daytime Telephone Number 305-913-1170						