

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

96 OCT 31 PM 3:35



3/K 11/8/96

| | | | |
|---------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| 1. Name of Limited Partnership | | 1a. DOCUMENT # B95000000322 | |
| AKGI-FLAMINGO C.V., LIMITED PARTNERSHIP | | | |
| Mailing Address 12016 TURTLE CAY CIRCLE ORLANDO FL 32836 | | Principal Office Address 12016 TURTLE CAY CIRCLE ORLANDO FL 32836 | |
| 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 09/08/1995 | | 5a. Capital Contributions as Shown on record \$10,000.00 | |
| 3a. Date of Last Report 03/18/1996 | | 5b. Amount of Capital Contributions in FLOR (DA to date) -0- | |
| 4. State or Country of Formation OC | | 6. FEI Number 95-4530140 <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 information) | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent GIANNONI, GENEVIEVE 12016 TURTLE CAY CIRCLE ORLANDO FL 32836 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |
|--------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 |
| AKGI-SINT MAARTEN N.V. | 52 BUSH ROAD | PHILIPSBURG, ST. MAAR | F95000003469 |

100002004511--7
-11/14/96--01050--017
****191.25 ****191.25

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 _____
Ann S. Cohen, Managing Director
Typed or Printed Name of General Partner Signing Form _____

DATE _____
Daytime Telephone Number **(407) 238-2232**

CR2E03 (6/96)