

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
98 FEB -6 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CARIBBEAN DUNES, LTD.

1. Name of Limited Partnership		1a. DOCUMENT # A97000000499	
Mailing Address 1209 AIRPORT ROAD, SUITE 4 DESTIN FL 32541		Principal Office Address 1209 AIRPORT ROAD, SUITE 4 DESTIN FL 32541	
2. Mailing Address 36468 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 1201 City & State Destin, FL Zip 32541 Country US		2a. Principal Office Address 36468 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 1201 City & State Destin, FL Zip 32541 Country US	
3. Date Formed or Registered 02/27/1997		5a. Capital Contributions as Shown on record. \$2,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-3444560 <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 GWIN, CURTIS H 1209 AIRPORT ROAD, SUITE 4 DESTIN FL 32541	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 36468 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 1201 City Destin FL Zip Code 32541
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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) THE CARIBBEAN DUNES COMPANY THE DOLPHIN DUNES COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 36468 Emerald Coast Pkwy 1209 AIRPORT ROAD, SUITE 1201 4093 INDIAN TRAIL	11b. City, State & Zip Code DESTIN FL 32541 DESTIN FL 32541	11c. Registration/Document Number P95000098144 P96000012102
200002430642--3 -02/16/98--01002--004 ****156.25 ****156.25 52.80 103.75 dec			

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 effect 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

11-13-97

Typed or Printed Name of General Partner Signing Form

Howard Ray Shoults

Daytime Telephone Number

860-837-0392

CR2E003 (6/97)