

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 30 PM 2:10

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000017

RMI-FLAMINGO C.V.O.A., A NETHERLANDS ANTILLES LI
MITED PARTNERSHIP

Mailing Address

Principal Office Address

C/O SIGNATURE RESORTS, INC.
~~X12016 TURNER CAYMAN ISLANDS~~
~~XORLANDA FL 32835~~

C/O SIGNATURE RESORTS, INC.
~~X2016 TURNER CAYMAN ISLANDS~~
~~XORLANDA FL 32835~~

3. Date Formed or Registered

01/11/1996

5a. Capital Contributions as
Shown on record.

\$0.00

3a. Date of Last Report

10/20/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

OC

2. Mailing Address

2a. Principal Office Address

1781 Park Center Drive
Suite, Apt. #, etc.

1781 Park Center Drive
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip Country
32835 USA

Zip Country
32835 USA

6. FEI Number

59-3359494

☐ 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

10. If changed, new Registered Agent/Office

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

1000028325.21--4
-04/07/99--01088--021
****141.25 ****141.25

4-6-99

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

Thomas A. Bell, Secy.

DATE

3/24/99

Typed or Printed Name of General Partner Signing Form

Thomas A. Bell

Daytime Telephone Number

(407) 532-1000

CR2E003 (12/98)