

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
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # B96000000018	
RM-ROYAL PALM C.V.O.A., A NETHERLANDS ANTILLES LIMITED PARTNERSHIP			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
C/O SIGNATURE RESORTS, INC. XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	C/O SIGNATURE RESORTS, INC. XXXXXXXXXXXXXXXXXXXX ORLANDO FL 32835 XXXXXXXXXXXX	01/11/1996	\$0.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
1781 Park Center Drive	1781 Park Center Drive	10/17/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation	
		OC	
City & State	City & State	6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Orlando, FL	Orlando, FL	59-3359491	
Zip Country	Zip Country	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
32835 USA	32835 USA		
		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. MAART	F95000003469
		400002832524-5 -01/07/99 --01083--022 ****141.25 ****141.25 SL 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)