FILE ON OR BEFÖRE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



Susan Werth, Esq. as secretary of Typed or Printed Name of General Partner Signing Form Vistana WGV Holdings, Inc., 6-P

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

VISTANA WGV, LTD.

SIGNATURE

1a. DOCUMENT # A96000000998 FILED W11/25

98 NOV 24 AM 8:51

SECRETARY OF STATE TALLAHASSEE FLORIDA

I							

DATE 1 October 1998

Daytime Telephone Number (407) 239-3234

					MELI WHILI WELLL	18711 46 718 38319 18183 1914 38 <i>8</i> 7			
Mailing Address P.O. BOX 22197 LAKE BUENA VISTA FL 32830-2197	Principal Office Address 8801 VISTANA CENTRE DRIVE ORLANDO FL 32821			3. Date Formed or Registered 05/28/1996 3a. Date of Last Report 12/12/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$5,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date:				
2. Mailing Address	2a. Principal Office Address			FL	00,000.00				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-3385043	Applied For Not Applicable				
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional				
Zip Country	Zip	Zip Country			Ree Required Reaction Reaction				
9 Name and Address of Current	Registered Agent	 T		10. If changed, new Registered	Agent/Office				
OT CORPORATION OVOTEM		Name							
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Address			P.O. Box Number (\$NotAcceptable) 02702105——6				
PLANTATION FL 33324		Suite, Apt. #, etc.		****536.00 ****536.00					
		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 ENTITED MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	al Partner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number			
VISTANA WGV HOLDINGS, INC.	8801 VISTANA CENTRE I		ORLA	NDO FL 32821	P94	6000045088			
•									
Note: General partners MAY NOT	be changed on this form	n; an amer	ndmen	t must be filed to cha	nge a g	eneral 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 shell 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									