

ACCOUNT NO.

072100000032

REFERENCE

504269

83411A

700003061627

AUTHORIZATION

COST LIMIT

ORDER DATE: December 6, 1999

12:10 PM ORDER TIME :

ORDER NO. : 504269

CUSTOMER NO: 83411A

CUSTOMER: Ms. Phyllis Dennis

Vistana Development, Ltd. 8801 Vistana Centre Drive

13500 State Road 535 Orlando, FL 32821

CHANGE OF AGENT

NAME:

VISTANA WGV, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janine Lazzarini

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. VISTANA WGV, LTD	<u> </u>		<u> </u>		. :
	Name of th	e limited partnership			
5-28-96	·	A96000000998			9
Date of filing/region	stration in Florida	Document numb	er assigned	.0	
		ered office address as shown	on the records	of the Floren	a Dist
Department of State				۲ ،	
	CT Corporation Sy	/stem Name		d	م کے
	1000 0 11 74	2 (111111)			10 7g
	1200 South Pine				7 90 m
		Address			F. 7
	Dispersion Flor	ida 2229/			PH 4: 52
Plantation, Florida 33324 City, State and Zip				•	. +
		, 5			
5 The name and addre	ess of the new registered age	ent and/or office		5.	
J. The name and address	es of the new registered age	and discontinuous		,	
c	Corporation Service Comp	pany			-
-		Name	·		•
	1201 Hays Street				
-		(P.O. Box not acceptable)	·		
	Fiorida street address	(1.0. Box <u>not</u> acceptable)			=
	Tallahassee, FL 32301	<u> </u>	<u></u> .		, <u>.</u> .
-	City,	State and Zip		•	
6. Such change(s) was	/were authorized by the gen	eral partners.			_=
100 miles					
i <u>South</u>	r VISTANA WGV HOLD	TNCS TNC			
Signature of General Partne			-		-:
I hereby accept the app	pointment as registered agen	, SVP/LAW t and agree to act in this cap	acity. If further	agree to con	ply
with the provisions of	all statutes relative to the	proper and complete pertor	rmance of my	aunes, ana r	am
familiar with and acce	pt the obligations of my pos	ition as registered agent. Of	r, if this docum	ent is being fi	uea has
merely to reflect a che	inge in the registered office	address, I hereby confirm t	ти те ттиги	parinersinp	

been notified in writing of this change.

Signature of Registered Agent

Deborah D. Skipper as its agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00