2000	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR
	<b>—</b> — — — — — — — — — — — — — — — — — —			•

DOCÚMENT # A9600000998  1. Entity Name  VISTANA WGV, LTD.						FILED	ura "I P"				
					FILED SECRETARY OF STATE DIVISION OF ECAPORATIONS						
Principal Place of Business Mailing Address  8801 VISTANA CENTRE DRIVE P.O. BOX 22197  ORLANDO FL 32821 LAKE BUENA VISTA FL 32830-2197					00	00 FEB 22 AM 9: 12					
											5 (6 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
2. Principal Place of Business 3. Mailing Address						##6 #0##0			0 1018f 1611 (00f		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State	9			City & State		4. FEI Number	59-3385043			pplied For lot Applicable	
Zip		Country	Ž	Zip	Cour	itry	5. Certificate o	f Status Desired		<b>8.75</b> Ace Require	
	6. Name a	nd Address of Current	Regist	tered Agent		Name	7. Name and A	ddress of New Registe	ered Ag	ent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				•	Corporat Street Address	tion Service Company s (P.O. Box Number is Not Acceptable) ys Street					
		,				City Tallahas	see		FL	Zia Co	1-2525
3. The above	named entity	submits this statement fo	r the p	urpose of changing its	registere			in the State of Florida.			
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if	applicable. (NOT	E Registere	d Agent signature requir	ed when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$5,000,000.00 In FLORIDA to date.				tal Contri late.	butions \$10,500,00	00.00	11. MAKE CHECK PAY SEE REVERSE SII				
		ENERAL PARTNER 1 General Partners MA								er.	
12.	50000045	GENERAL PARTNER	INFO	RMATION	13.			ADDRESS CHANGE	S ONLY		
OCCUMENT / NAME STREET ADDRESS	P96000045088   VISTANA WGV HOLDINGS, INC.   8801 VISTANA CENTRE DRIVE		STRE	±T ADDRESS							
CITY-ST-ZIP	ORLANDO				CITY	-ST-ZIP	<del></del>	<del>)000317</del>			9
OOCUMENT#					STRE	ET ADDRESS		-03/15/00 <del>****685.</del> 1	010 <del></del> 010	0051 <del> ****</del> 3	020 <del>42.50                                    </del>
STREET ADDRESS		<u></u>			CITY	-ST-ZIP			<u>-</u>		
OCCUMENT# WAME					STRE	EET ADDRESS					
STREET ADDRESS	<u>.</u>				СПҮ	-ST-ZIP	<u></u>				
DOCUMENT# NAME					STR	EET ADDRESS				<u></u>	
STREET ADDRESS CITY - ST - ZIP	<u> </u>				СПҮ	- ST - ZIP					
DOCUMENT#					STRE	ET ADDRESS					
STREET ADORESS STY-ST-ZIP					CITY	-ST-ZIP					
DOCUMENT #		'			STRE	ET ADDRESS					
STREET ADORESS CITY-ST-ZIP					CITY	-ST-ZIP					
14. I hereby of indicated	ertify that the i	nformation supplied with strue and accurate and	this fill	ing does not qualify to	r the exe	mption stated in S	Section 119.07(3)(i),	Florida Statutes, I furthe	er certify	that the	information

the receiver or runs report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a General the receiver or trustee emmowered to execute this report as required by Chapter 620, Florida Statutes Vistana WGV Holdings, Inc. sole general partners of Vistana WGV, Ltd.

By STO BURE RESISAN WETTH, Sr. VP/Law

(407) 239-3332

Daytime Phone #