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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Le 11/25

DATE 1 October 1998

239-3234

(407)

Daytime Telephone Number

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SIGNATURE_

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # A97000002864

SECRETARY OF STATE TALLAHASSEE FLORIDA

	A3700002	-00-	1/	ALL MILLO			
VISTANA WGV MANAGEMENT,	LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Çapi	ital Contributions as	
P.O. BOX 22197 LAKE BUENA VISTA FL 32820-2197	8801 VISTANA CENTRE DRIVE ORLANDO FL 32821-6353			12/26/1997 3a. Date of Last Report	\$1,000.00		
				01/21/1998 4. State or Country of Formation	5b. Amo Cont	ount of Capital bributions in FLORIDA ate:	
2. Mailing Address	2a. Principal Office Address		FL	\$1000.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59–3486096 Applied For Not Applicable				
City & State	City & State			7. Certificate of Status Desired	VZ1	\$8.75 Additional	
Zip Country	Zip	Country		8. Make check payable to: Dept. of S		Fee Required	
				V ,			
9. Name and Address of Current R	egistered Agent			10. If changed, new Registered	Agent/Office		
CT CORPORATION SYSTEM		Name					
1200 SOUTH PINE ISLAND ROAD		Street Addres	is (P.O. B	ox Number Is Not Acceptable)		·	
PLANTATION FL 33324	Suite, Apt. #, etc.		etc.				
1 Barriton 1 B 3321	City			FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the State of Flori	ed limited partners ida. Such change	ship organ was auth	ized or registered under the laws of the orized by its general partner(s). I hereby DATE	State of Flori accept the a	da, submits this statement ppointment of registered	
A GENERAL PARTNER THAT IS	S A CORPORATION, I BE REGISTERED AN	LIMITED I	PART E WIT	NERSHIP OR OTHE	R BUS	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	el Bratago	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
VISTANA WGV MANAGEMENT, INC.				ANDO FL 32821-6353	Pg		
				100002 ⁻ -12/02/ ****15	700: '980 1.00	800000708 9 ロ1ーー ア 1094006 _ ****151.00 _	
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Note: General partners MAY NOT							
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Se	ection 119.07(3)(k) in the event that the in	formation supplied	d is deem	ed exempt from public access. I further	certify that the	e information indicated on	
this annual report is true and accurate and that my signa empowered to execute this report as required by chapter	ture shall have the same legal effects as	if made under oat	h. I furthe	r certify that I am a General Partner of th	e limited par	tnership, receiver or trustee	

Susan Werth, Esq. as Secretary of