

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010749 AF

**DOCUMENT # A33083**  
 1. Entity Name  
**LE CIEL VENETIAN TOWER, LTD.**

**FILED**

Principal Place of Business: **4200 GULF SHORE BOULEVARD NORTH, NAPLES FL 34103**  
 Mailing Address: **4200 GULF SHORE BOULEVARD NORTH, NAPLES FL 34103**

**01 APR 20 PM 12:09**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State

DO NOT WRITE IN THIS SPACE

Zip: Country  
 Zip: Country

4. FEI Number: **65-0341383**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CATALANO, ANTHONY J**  
**4001 TAMiami TRAIL NORTH, #404**  
**NAPLES FL 33940**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$7,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>V45116</b>
NAME	<b>LE CIEL VENETIAN TOWER, INC.</b>
STREET ADDRESS	<b>4200 GULF SHORE BLVD. NO</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100004137081--7</b>
CITY-ST-ZIP	<b>-05/04/01--01090--028</b>
	<b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **HOWARD B. GUTMAN**  
 VICE PRESIDENT OF GENERAL PARTNERSHIP  
 Date: **4/18/01** Daytime Phone #: **(941) 261-6100**

CR2E003 (11/00)