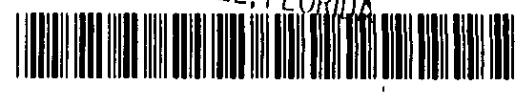


# 2002 UNIFORM BUSINESS REPORT (UBR)

0004597 AV

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

**FILED**  
 02 APR 22 PM 3:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2002**  
 4. FEI Number **65-0341383**  
 Applied For Not Applicable

City & State

Zip Country Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CP2E003 (9/01)

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 VICE (PRESIDENT) OF GENERAL PARTNER Date **4/18/02** (941) 261-6100 Daytime Phone #