2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Anr 24, 2006 08:00 Al

1. Entity Nar	MENT # A33083 THE VENETIAN TOWER, LTD.			Se	cretary of Stat
Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103 Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103			D NORTH		·
DO NOT WRITE IN THIS SPA				03232006 No Chg-LP	CR2E003 (11/05)
			CE	4. FEI Number 65-0341383	Applied For Not Applicab
				Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	-	<u> </u>	
CATALANO, ANTHONY J 4001 TAMIAMI TRAIL NORTH, #250 NAPLES, FL 33940			DO NOT W	RITE	
		IN THIS SPACE			
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its registere	ed office or register	ed agent, or both, in the State of Flo	orida, I am familiar with, and accep
Signature, typed or printed name of registered agent and title if applicable			3		DATE
} 	FILE NOV After May 1, 2	YIII FEE IS \$500.00 006, Fee will be \$900.00	· · · · · · · · · · · · · · · · · · ·		
	A GENERAL PARTNER T	HAT IS A BUSINESS ENTITY M Y NOT be changed on the form	UST BE REGIST	ERED AND ACTIVE WITH TH	IS OFFICE.
12.	GENERAL PARTNER		,		The second secon
DOCUMENT#	V45116	name in the grand of the state			
NAME STREET ADDRESS	LE CIEL VENETIAN TOWER, INC 4200 GULF SHORE BLVD, NO	D			
CITY-ST-ZIP	NAPLES, FL				00531391
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CITY-ST-ZIP		1		-0 1101 111	V. S. Baget

IN THIS SPACE

14. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and acceptable 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 emphasized to execute this report as required by Chapter 620, Florida Statutes

Howard B. Gutman

Vice President of General Partners SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # NAME STREET ADDRESS

CITY-ST-ZIP DUCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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(239) 261-6100