2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

; ,	2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 200						SECRETAR	ILEO RY OF STATE SEE, FLORIDA	
	1. Entity Nan	MENT #A33083 VENETIAN TOWER, LTD.						SEE FLORIDA AM 8: 21	
	Principal Place of Business Mailing Address 4200 GULF SHORE BOULEVARD NORTH 4200 GULF SHORE BOUL NAPLES, FL 34103 NAPLES, FL 34103			LEVAR	D NORTH				
	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172008	Chg-LP	CR2E003 (12/06)		
	City & State		City & State		4. FEI Number 65-0341		Applied For Not Applicable		
	Zip			Country		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	CATALANO, ANTHONY J				Robert C. Zundel Jr. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North				
		4001 TAMIAMI TRAIL NORTH, #250 NAPLES, FL 33940							
	14A1 2E3, 1 E 33340				Suite 250				
					City Naples FL Zip Code 34103				
	The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.						in the State of Florid	da. I am familiar with, and accept	
	SIGNATURE Signature, hyped or printed name of registered agent and title if agricable				Robert C. Zu	indel $\mathcal{J}_{\mathcal{R}}$	1	4/30/2008	
	FILE NOW!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00								
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the			ITY M	IUST BE REGIST i; an amendmen	ERED AND AC t must be filed	CTIVE WITH THIS I to change a gen	i OFFICE. ieral partner.	
	12.	GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
	DOCUMENT / NAME STREET ADDRESS	V45116 LE CIEL VENETIAN TOWER, INC. 4200 GULF SHORE BLVD. NO NAPLES, FL			EET ADDRESS				
i	CITY-ST-ZIP				-ST-ZIP				
	DOCUMENT # NAME STREET ADDRESS				EET ADDRESS	05/01.	101280 /0801081	43197 -019 #500.00	
_	CLTY-ST-ZIP DOCUMENT		·	} -	- ST - ZIP				
	NAME STREET ADDRESS				- ST - ZIP				
	CITY-ST-ZIP DOCUMENT #	-,		-	ET ADDRESS				
CHECK HERE	NAME STREET ADDRESS				-ST-ZIP				
	CITY-ST-ZIP			┡	ET ADDRESS			187.450 t t.t.	
CHEC	NAME STREET ADDRESS	IREET ADDRESS			- ST- ZIP				
STAPLE	CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS				
ST				CITY	-S1-ZIP	Patricks			
•	14. I hereby certify that the information supplied with this 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 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 employered to effect this report as required by Chapter 620, Florida Statutes Howard B. Gutman Vice President of General Partner 4/30/2008 (239) 261-6100								
SIGNATURE AND TRANS OF PRINTED NAME OF SIGNING GENERAL PARTNER Date								Daytime Phone ●	