

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000061	
1. Entity Name GALLERIA VENICE, LTD.	



Principal Place of Business 6001 BROKEN SOUND PARKWAY, SUITE 418 BOCA RATON, FL 33487	Mailing Address 6001 BROKEN SOUND PARKWAY, SUITE 418 BOCA RATON, FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0407109	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEXSTAR USA CORP 6001 BROKEN SOUND PARKWAY N.W., SUITE 418 BOCA RATON, FL 33487		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$918,122.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000003770	STREET ADDRESS	
NAME	LEXSTAR (GALLERIA), INC.	CITY-ST-ZIP	
STREET ADDRESS	6001 BROKEN SOUND PKWY, SUITE 418		
CITY-ST-ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	1100000363698
NAME		CITY-ST-ZIP	05/06/05-80009-018 526.25
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NAME		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: _____ **DATE:** 4/24/05 **DAYTIME PHONE #:** 561-994-5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE