



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
2005 APR -7 PM 2: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A01356</b>					
1. Entity Name VENICE SHOPPING CENTER, LTD.					
Principal Place of Business 1634 ARABIAN LN PALM HARBOR, FL 34685			Mailing Address 1634 ARABIAN LN PALM HARBOR, FL 34685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1382477	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BERGER, HAROLD 1634 ARABIAN LN PALM HARBOR, FL 34685				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$60,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	340638		STREET ADDRESS		
NAME	DUNNHILL DIVERS. INV.		CITY-ST-ZIP		
STREET ADDRESS	1634 ARABIAN LN				
CITY-ST-ZIP	PALM HARBOR, FL 34685				
DOCUMENT #	BERGER, ALISA S.		STREET ADDRESS		
NAME	1634 ARABIAN LN		CITY-ST-ZIP		
STREET ADDRESS	PALM HARBOR, FL 34685				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP					
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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: 			as to Pres 4-5-05 (727) 781-0390		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE