2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

FILED **DOCUMENT # A03000001501** 04 MAY 12 PM 2: 26 THE VENETIAN ON THE ORTEGA, LLLP Principal Place of Business Mailing Address 1518 KOENIG LANE 1518 KOENIG LANE AUSTIN, TX 78756 AUSTIN, TX 78756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied 20-0335004 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAXWELL, DOUGLAS R SAN PABLO OFFICE PARK Street Address (P.O. Box Number is Not Acceptable) 4309 PABLO OAKS COURT STE. 5 JACKSONVILLE, FL 32224 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,808,000.00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY 13. OCCUMENT # P03000110450 STREET ADDRESS NAME THE MONTECITO VENETIAN, INC. STREET ADDRESS 1518 KOENIG LANE CITY-ST-ZIF CITY-ST-ZIP AUSTIN, TX 78756 DOCUMENT # STREET ADDRESS NAME 500036090105 STREET ADDRESS CITY-ST-ZIP 05/12/04--01013--009 **676.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 ≉resident of The Montecito Venėtian,

TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-04

Date

Daytime Phone #