


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004763 AV

DOCUMENT # A33083		
1. Entity Name LE CIEL VENETIAN TOWER, LTD.		

FILED

03 APR 15 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103	Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 65-0341383	Applied For Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CATALANO, ANTHONY J
4001 TAMiami TRAIL NORTH, #404
NAPLES FL 33940

Name
Street Address (P.O. Box Number is Not Acceptable)
4001 TAMiami TRAIL NORTH, #250

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. \$7,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # V45116	LE CIEL VENETIAN TOWER, INC.	STREET ADDRESS	
NAME	4200 GULF SHORE BLVD. NO	CITY-ST-ZIP	
STREET ADDRESS	NAPLES FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:  **HOWARD B. GUTMAN**
SIGNATURE REQUIRED PRESIDENT OF GEN. PARTNERSHIP **4/11/03** (239) 261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)