2023 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

SIGNATURE:

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

| DOCUMENT # A9300000061 1. Entity Name GALLERIA VENICE, LTD. | | | | | 08 APR 11 | PM 1:58 |
|--|---|----------------------------|----------------|-----------------|----------------------------------|----------------------------|
| Principal Plac 6001 BROKE BOCA RATON | PARKWAY, SUITE 17 | 418 | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6001 Broken Sound Pkuy NW 6001 Broken Sound Pkwy N | | | | | | |
| Suite, Apt. #, etc. Ste 416 | | Suite, Apt. #, etc. | | 01092008 Chg-LP | CR2E003 (12/06) | |
| City & State Bala Roton, FL | | City & State Baca Raton FL | | | 4. FEI Number 65-0407109 | Applied For Not Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | \$8.75 Additional |
| 33487 LJS 6. Name and Address of Current Ri | | 33487 Registered Agent | | | 7. Name and Address of New R | Fee Required |
| LEXSTAR USA CORP 6001 BROKEN SOUND PARKWAY N.W., SUITE 418 BOCA RATON, FL 33487 Street Address (P.O. Box Number is Not Acceptable) City Baca Raton FL Zip.Code (8) | | | | | | |
| 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 Signature, typed or pnoted name of registered agent and title if applicable. OATE | | | | | | |
| | | | | | 800122 04/08/080101 | |
| 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. | enamen | ADDRESS CHA | - |
| DOCUMENT # | | | | (-0/ | | |
| NAME STREET ADDRESS CITY-ST-ZIP | LEXSTAR (GALLERIA), INC. 6001 BROKEN SOUND PKWY, S | ITE 418 | | | 01 Broken Sound | • |
| DOCUMENT # | - BOOK TOTON, TE 00407 | | STREET ADDRESS | 00 | Ca Raton, FL | 20101 |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP DOCUMENT # | | | STREET ADDRESS | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| 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 empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | | |

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER