

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED

04 APR 29 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082004 Chg-LP CR2E003 (10/03)

DOCUMENT # A95000001176
1. Entity Name
VENETIA BAY, LTD.



Principal Place of Business: **901 VENETIA BAY BLVD., SUITE 300 VENICE, FL 34292**
Mailing Address: **901 VENETIA BAY BLVD., SUITE 300 VENICE, FL 34292**

2. Principal Place of Business: **1601 Pine Lake Drive**
Suite, Apt. #, etc.
3. Mailing Address: **1601 Pine Lake Drive**
Suite, Apt. #, etc.

City & State: **Venice, Florida**

Zip: **34285** Country: **USA**

4. FEI Number: **65-0610651**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VENETIA HOTEL, INC.
901 VENETIA BAY BLVD., SUITE 300
VENICE, FL 34292**

7. Name and Address of New Registered Agent
Name: **J. Michael Hartenstine**
Street Address (P.O. Box Number is Not Acceptable): **200 South Orange Avenue**
City: **Sarasota** FL Zip Code: **34236**

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]* DATE: **4/26/04**

9. Capital Contributions as Shown on record: **\$1,100,000.00**
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 #	P95000059726	STREET ADDRESS	1601 Pine Lake Drive
NAME	VENETIA HOTEL, INC.	CITY-ST-ZIP	Venice, Florida 34285
STREET ADDRESS	901 VENETIA BAY BLVD., SUITE 300		
CITY-ST-ZIP	VENICE, FL 34292		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: *[Signature]* Date: **April 27 2004** Daytime Phone #: **941 484 0172**