

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

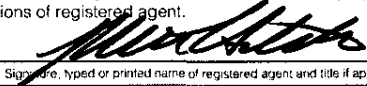
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		City & State Venice, Florida		4. FEI Number 65-0610651	
Zip 34285	Country	Zip 34285	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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  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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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: 			Date April 27 2004 941 484 0172		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE