2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

Apr 04, 2007 08:00 A Secretary of State **DOCUMENT # A01000000076** 1. Entity Name BEAU CIEL, L.L.L.P. Mailing Address Principal Place of Business 1258 NORTH PALM AVENUE 1258 NORTH PALM AVENUE SARASOTA, FL 34236 SARASOTA, FL 34236 01112007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1068291 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GITHLER, CHARLES E III DO NOT WRITE 1258 NORTH PALM AVENUE SARASOTA, FL 34236 IN THIS SPACE 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 FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # U000000690877 KANE, STANLEY B TRUSTEE STREET ADDRESS 539 NORSOTA WAY CITY-ST-ZIP SARASOTA, FL 34242 DOCUMENT # NAME KANE, DANIEL B TRUSTEE STREET ADDRESS 614 SOUTH OWL STREET SARASOTA, FL 34236 CITY-ST-ZIP NAME GITHLER, CHARLES E TRUSTEE DO NOT WRITE STREET ADDRESS 1258 NORTH PALM AVENUE CITY-ST-ZIP SARASOTA, FL 34236 IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNEI

FILED