
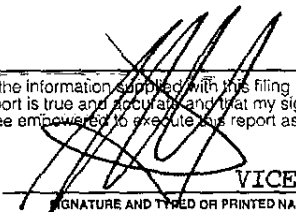


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A32287			
1. Entity Name LE CIEL PARK TOWER, LTD.			
Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103		Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03032005	Chg-LP CR2E003 (10/03)
		4. FEI Number 65-0298982	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUTGERT, SCOTT F 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 33940		Name	
		Street Address (P O. Box Number is Not Acceptable)	
		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	
<i>Signature, typed or printed name of registered agent and the if applicable</i>			
9. Capital Contributions as Shown on record. \$8,500,000.00		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 #	S97406	STREET ADDRESS	
NAME	LE CIEL PARK TOWER, INC.	CITY-ST-ZIP	
STREET ADDRESS	4200 GULF SHORE BLVD. N.		
CITY-ST-ZIP	NAPLES, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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)(f), 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	
HOWARD B. GUTMAN		4/26/05	
VICE PRESIDENT OF GEN. PARTNER		(239) 261-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			



STAPLE CHECK HERE