

CCRS  
103 N. MERIDIAN STREET, L. E. NEW  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE:

1-16-01

REF. #:

0174.2305

CORP. NAME:

Beau Ciel

300003539353--4

-01/17/01-01001-013

\*\*\*\*\*77.50 \*\*\*\*\*77.50

( ) ARTICLES OF INCORPORATION

( ) ARTICLES OF AMENDMENT

( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT

( ) TRADEMARK/SERVICE MARK

( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION

( ) LIMITED PARTNERSHIP

( ) LIMITED LIABILITY

( ) REINSTATEMENT

( ) MERGER

( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

( ) UCC-1

( ) UCC-3

X OTHER:

Limited Liability Limited Partnership

STATE FEES PREPAID WITH CHECK# 2325 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

LP - 25.00  
CST 52.50

COST LIMIT: \$

PLEASE RETURN:

X CERTIFIED COPY

( ) CERTIFICATE OF GOOD STANDING

( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

13/2  
11/6

FILED  
01 JAN 16 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
01 JAN 16 AM 10:24  
DIVISION OF CORPORATION

# STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:

Beau Ciel, Ltd.

The name the limited partnership will use: Beau Ciel, L.L.L.P.

Insert limited partnership's Florida document number: A01000000076

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: L.L.L.P.

(LLP, LLLP)

3. The street address of its chief executive office:

(if different from current recorded address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The street address of principal office in Florida:

(if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State

or

\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:

Charles E. Githler, III

1258 N. Palm Avenue

Sarasota, Florida 34236

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 12th day of January, 2001.

Signature of TWO Partners:

Stanley B. Kane  
Charles E. Githler, III

Typed or printed names of partners signing above:

Stanley B. Kane, Trustee

Charles E. Githler, III, Trustee

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75