


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000076	
1. Entity Name BEAU CIEL, L.L.L.P.	

Principal Place of Business 1258 NORTH PALM AVENUE SARASOTA, FL 34236	Mailing Address 1258 NORTH PALM AVENUE SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



02242006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-1068291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GITHLER, CHARLES E III 1258 NORTH PALM AVENUE SARASOTA, FL 34236
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	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
CITY-ST-ZIP	SARASOTA, FL 34236
DOCUMENT #	
NAME	GITHLER, CHARLES E TRUSTEE
STREET ADDRESS	1258 NORTH PALM AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000531722
05/06/06-80055-015 500.00

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14. 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:  **APR 21, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE