

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 04, 2007 08:00 A
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**



01112007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1068291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GITHLER, CHARLES E III
1258 NORTH PALM AVENUE
SARASOTA, FL 34236**

**DO NOT WRITE
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

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.

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000690877
04/12/07-80008-003 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHARLES GITHLER 3/30/07 9419550323

Date

Daytime Phone #

STAPLE CHECK HERE