


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A29787 1. Entity Name CIELO, LTD.	
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Principal Place of Business 5709 NW 158 ST MIAMI LAKES, FL 33014	Mailing Address 5709 NW 158 ST MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2654650	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> NO	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS, SWEZY 5709 NW 158 ST MIAMI LAKES, FL 33014

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	H99516
NAME	LVS INVESTMENTS, INC.
STREET ADDRESS	168 HIALEAH DR.
CITY-ST-ZIP	HIALEAH, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000752690
05/21/07-80026-007 508.75

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

Date

Daytime Phone #

Lewis Swezy

4/27/07

305-821-0330

STAPLE CHECK HERE