


2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A28610</b>							
1. Entity Name <b>THE BALLET VALET PARKING COMPANY, LTD.</b>							
Principal Place of Business 103 GREENE STREET NEW YORK, NY 10012			Mailing Address 103 GREENE STREET NEW YORK, NY 10012				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc		Suite, Apt # etc					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>13-3561647</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MARLO COURTNEY</b> <b>640 OCEAN DRIVE</b> <b>MIAMI BEACH, FL 33139</b>			Name				
			Street Address (P O Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ <small>Signature: typed or printed name of registered agent and where applicable</small>							
9. Capital Contributions as Shown on record. <b>\$100.00</b>			10. Amount of Capital Contributions in FLORIDA to date.				
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	K98146		STREET ADDRESS				
NAME	THE BALLET VALET CORP.		CITY - ST - ZIP				
STREET ADDRESS	103 GREENE STREET		STREET ADDRESS				
CITY - ST - ZIP	NEW YORK, NY		CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS				
NAME			CITY - ST - ZIP				
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CITY - ST - ZIP			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)(i), 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: _____			4-27-04 305-531-4411				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #				



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