


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 8:35

DOCUMENT # A28610			
1. Entity Name THE BALLET VALET PARKING COMPANY, LTD.			
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 804 Ocean Drive		3. Mailing Address 804 Ocean Drive	
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33139		Country Miami-Dade	
4. FEI Number 13-3561647		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02242005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent MARLO COURTNEY 804 Ocean Drive 804 Ocean Drive - 2nd Floor MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 3-16-05			
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K98146 THE BALLET VALET CORP. 103 GREENE STREET NEW YORK, NY	STREET ADDRESS CITY-ST-ZIP	804 Ocean Drive - 2nd Floor Miami Beach, FL 33139
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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: _____		3-16-05 (305) 531-4411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE