


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

|   |   |
|---|---|
| <b>DOCUMENT # A28610</b><br>1. Entity Name<br><b>THE BALLET VALET PARKING COMPANY, LTD.</b> |  |
|---|---|

**FILED**

2007 APR 13 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br>804 OCEAN DRIVE<br>2ND FLOOR<br>MIAMI BEACH, FL 33139 | Mailing Address<br>804 OCEAN DRIVE<br>2ND FLOOR<br>MIAMI BEACH, FL 33139 |
|--|--|

**DO NOT WRITE IN THIS SPACE**

|                                  |  |
|----------------------------------|--|
| 01022007 No Chg-LP               | CR2E003 (12/06)  |
| 4. FEI Number<br>13-3561647      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MARLO COURTNEY  
804 OCEAN DRIVE  
2ND FLOOR  
MIAMI BEACH, FL 33139

**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 \_\_\_\_\_

**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 #                      | K98146                     |
| NAME                            | THE BALLET VALET CORP.     |
| STREET ADDRESS                  | 804 OCEAN DRIVE, 2ND FLOOR |
| CITY - ST - ZIP                 | MIAMI BEACH, FL 33139      |
| 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                 |                            |

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04/18/07--01006--014 \*\*508.75

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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: \_\_\_\_\_ DATE: 4-4-07 DAYTIME PHONE #: 305-531-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

START HERE