


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A94000000985 1. Entity Name BALLET VILLAGES HOUSING LIMITED PARTNERSHIP	
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FILED
06 MAY 31 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 4239 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS FL 33410	Mailing Address 4239 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 3307 Northlake Blvd.	3. Mailing Address 3307 Northlake Blvd.
Suite, Apt. #, etc. Suite 107	Suite, Apt. #, etc. Suite 107
City & State Palm Bch Gardens FL	City & State Palm Bch Gardens FL
Zip 33403	Zip 33403
Country USA	Country USA

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS FL 33410	
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7. Name and Address of New Registered Agent Name 3307 Northlake Blvd. Suite 107 Palm Bch Gardens FL 33403	
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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

300075654038

06/02/06--01003--011 **500.00

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	P94000000102	STREET ADDRESS	
NAME	BALLET VILLAGES DEVELOPMENT CORP	CITY-ST-ZIP	
STREET ADDRESS	4239 NORTHLAKE BLVD., STE. D		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 #

STAPLE CHECK HERE

4/26/06 5616262778