

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

**FILED**

2007 APR . 5 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03272007 Chg-LP CR2E003 (12/06)

DOCUMENT # A94000000985		
1. Entity Name BALLET VILLAGES HOUSING LIMITED PARTNERSHIP		

Principal Place of Business 3307 NORTH LAVE BLVD, SUITE 107 PALM BEACH GARDENS, FL 33403	Mailing Address 3307 NORTH LAVE BLVD, SUITE 107 PALM BEACH GARDENS, FL 33403
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip Country	City & State  Zip Country
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4. FEI Number 65-0459614	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CROSSEN, JOSEPH F 3307 NORTH LAVE BLVD, SUITE 107 PALM BEACH GARDENS, FL 33403	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000000102 BALLET VILLAGES DEVELOPMENT CORP 4239 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410	STREET ADDRESS CITY-ST-ZIP	3307 Northlake Blvd #107 Palm Beach Gardens, FL 33403
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000096498800 04/11/07--01035--014 **500.00
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date 3/28/07	Daytime Phone # 561-626-2778
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STAPLE CHECK HERE