2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT# A95000000541

1. EntityName
BALLET VILLAGES II LIMITED PARTNERSHIP

PrincipalPlaceofBusiness	MailingAddress
4239NORTHLAKEBLVD.,STED PALMBEACHGARDENS,FL33410	4239NORTHLAKEBLVD.,STED PALMBEACHGARDENS,FL33410

03292005 Chg-LP CR2E003(10/03)

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt #,etc.	Suite,Apt #,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 65-0571358 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD., STE D PALM BEACH GARDENS, FL 33410	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable

9. CapitalContributions asShownonrecord.	10. AmountofCapitalContributions inFLORIDAtodate
$5,000.00	

AGENERALPARTNERTHATISABUSINESSENTITYMUSTBEREGISTEREDANDACTIVEWITHTHISOFFICE.
NOTE: GeneralPartnersMAYNOTbechangedontheform; anamendmentmustbefiledtochangeageneralpartner.

12. GENERALPARTNERINFORMATION		13. ADDRESS CHANGESONLY	
DOCUMENT#	P94000000102	STREETADDRESS	
NAME	BALLET VILLAGES DEVELOPMENT CORP.	CITY-ST-ZIP	
STREETADDRESS	4239 NORTHLAKE BLVD. #D		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT#		STREETADDRESS	000000205004 04/09/05-80010-016 141.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignaturesshallhavethesamelegaleffectasifmadeunderoath;tha Iamageneralpartnerofthelimitedpartnershipor thereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter620,FloridaStatutes

SIGNATURE: _____ 4/4/05 561 626 2778
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGGENERALPARTNER Date DaytimePhone#