


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

DOCUMENT # A95000000541		
1. Entity Name BALLET VILLAGES II LIMITED PARTNERSHIP		

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

06 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number 65-0571358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTH LAKE BLVD., STE D PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3307 Northlake Blvd Suite 107 City P.B. Gardens FL Zip Code 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000000102 BALLET VILLAGES DEVELOPMENT CORP. 4239 NORTH LAKE BLVD. #D PALM BEACH GARDENS FL 33410	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200075014382 05/22/06--01013--002 **\$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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE