

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 23 AM 11:15 #1127

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001426

BALLET VILLAGES III, LIMITED PARTNERSHIP

Mailing Address

701 U.S. HIGHWAY 1, SUITE 101
NORTH PALM BEACH FL 33408

Principal Office Address

701 U.S. HIGHWAY 1, SUITE 101
NORTH PALM BEACH FL 33408

3. Date Formed or Registered

07/30/1996

5a. Capital Contributions as
Shown on record

\$5,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

6. FEI Number

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

4239 NORTHLAKE BLVD

2a. Principal Office Address

4239 NORTHLAKE BLVD.

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

PALM BEACH GARDENS, FLA

City & State

PALM BEACH GARDENS, FLA

Zip

33410

Country

PALM BEACH

Zip

33410

Country

PALM BEACH

9. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
701 U.S. HIGHWAY 1, SUITE 101
NORTH PALM BEACH FL 33408

10. If changed, new Registered Agent/Office

Name

JOSEPH F. CROSSEN

Street Address (P.O. Box Number is Not Acceptable)

4239 NORTHLAKE BLVD

Suite, Apt. #, etc.

Suite D

City

PALM BEACH GARDENS

FL

Zip Code

33410

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 12-27-96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

COMPLETE PROPERTY DEVELOPMEN

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

701 U.S. HIGHWAY 1, S

11b. City, State & Zip Code

NORTH PALM BEACH FL 3

11c. Registration/
Document Number

P98000062486

300002071353--0

-01/28/97--01169--022

*****191.25 *****191.25

300002071353--0

-01/28/97--01169--023

*****8.75 *****8.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 12-27-96

Typed or Printed Name of General Partner Signing Form

JOSEPH F. CROSSEN

Daytime Telephone Number 561-626-2778