

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A98000002566



1. Entity Name
VELVET VALLEY, LTD.

Principal Place of Business
**3000 ISLAND BLVD., APT., #2903
 AVENTURA, FL 33160**

Mailing Address
**3000 ISLAND BLVD., APT., #2903
 AVENTURA, FL 33160**

2. Principal Place of Business
19531 N.E. 17th Ave.

3. Mailing Address
19531 N.E. 17th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **Miami, FL**

City & State **Miami, FL**

Zip **33179**

Country **DADE**

Zip **33179**

Country **DADE**

03082005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0875894

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
 C/O KRAMER, GREEN, ET AL
 4000 HOLLYWOOD BLVD., SUITE 485 SO.
 HOLLYWOOD, FL 33021**

Name

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

City

FL Zip Code

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.

DATE

9. Capital Contributions
 as Shown on record. **\$40,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

**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	SACKS, SIDNEY 3000 ISLAND BLVD., APT., #2903 AVENTURA, FL 33160	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/13/05 305-682-9214

Date

Daytime Phone #

STAPLE CHECK HERE