

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 21 AM 8:21

DOCUMENT # A04000001710

1. Entity Name
HAZARD WAL-MART SUPER CENTER, LTD.



Principal Place of Business
801 N.E. 167TH STREET 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

Mailing Address
801 N.E. 167TH STREET 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-LP

CR2E003 (10/03)

4. FEI Number

02-0734618

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISSER, MICHAEL H
801 N.E. 167TH STREET 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

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.

\$1,050.00

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

DOCUMENT # P04000162571
NAME CP HAZARD MANAGEMENT COMPANY, INC.
STREET ADDRESS 801 N.E. 167TH STREET 2ND FLOOR
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

1-19-05

305-697-9100

STAPLE CHECK HERE