

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT #A31378

1. Entity Name
HAZELWOOD APARTMENTS, LTD.



Principal Place of Business
P.O. BOX 644
MILTON, FL 32570

Mailing Address
P.O. BOX 644
MILTON, FL 32570



04112006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3058627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVER, S. ELLEN
4425 AMBERWOOD CIR
PACE, FL 32571

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
CARVER, STANLEY A
PO BOX 644
MILTON, FL 32572

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
CARVER, S. ELLEN
PO BOX 644
MILTON, FL 32572

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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000000509034
04/28/06-80028-014 500.00

**DO NOT WRITE
IN THIS SPACE**

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: S. Ellen Carver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-11-06

Date

850-623-8144

Daytime Phone #

STAPLE CHECK HERE