


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

08 FEB 19 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A31378</b>		
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	



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3058627		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		7. Name and Address of New Registered Agent	
CARVER, S. ELLEN 4425 AMBERWOOD CIR PACE, FL 32571		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		5650 Meadowlark Lane City Milton FL Zip Code 32570	

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 \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CARVER, STANLEY A PO BOX 644 MILTON, FL 32572	STREET ADDRESS	5001 18062835
NAME		CITY-ST-ZIP	02/14/08--01040--015 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	CARVER, S. ELLEN PO BOX 644 MILTON, FL 32572	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 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 S. Ellen Carver 3/12/08 850.623.8144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE