

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A31378

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** HAZELWOOD APARTMENTS, LTD.

**Current Principal Place of Business:**

P.O. BOX 644  
MILTON, FL 32570

**New Principal Place of Business:**

5650 MEADOWLARK LANE  
MILTON, FL 32570

**Current Mailing Address:**

P.O. BOX 644  
MILTON, FL 32570

**New Mailing Address:**

**FEI Number:** 59-3058627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CARVER, S. ELLEN  
5650 MEADOWLARK LANE  
MILTON, FL 32570 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/08/2009

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CARVER, STANLEY A  
Address: PO BOX 644  
City-St-Zip: MILTON, FL 32572

Document #:

Name: CARVER, S. ELLEN  
Address: PO BOX 644  
City-St-Zip: MILTON, FL 32572

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

Electronic Signature of Signing General Partner

04/08/2009

Date