

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A96000002378			
1. Entity Name HAZEL W. SELZ PARTNERSHIP, LIMITED			
Principal Place of Business 816 DRUID HILLS ROAD TEMPLE TERRACE FL 33617		Mailing Address P.O. BOX 311 TAMPA FL 33601	
2. Principal Place of Business 502 S. FREMONT AVE		3. Mailing Address	
Suite, Apt. #, etc. # 902		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33606	Country U.S.A	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 18 PM 3:20



MOORE CR2E003 (11/03)

4. FEI Number 59-3416542		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 VALDES, ROBERT E JR. 816 DRUID HILLS RD. TEMPLE TERRACE FL 33617		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 502 S. FREMONT AVE. - APT. 902 City TAMPA FL Zip Code 33606	
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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 _____

9. Capital Contributions as Shown on record. \$2,970,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
NAME	SELZ, HAZEL W	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 311		
CITY-ST-ZIP	TAMPA FL 33601		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PLUMMER, JANIE W	CITY-ST-ZIP	
STREET ADDRESS	2602 MORRISON AVE.		
CITY-ST-ZIP	TAMPA FL 33629		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	VALDES, ROBERT E., JR., TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	816 DRUID HILLS ROAD		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: *Robert E. Valdes, Jr. - Trustee* / *Robert E. Valdes, JR.* 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER TRUSTEE Date Daytime Phone #

STAPLE CHECK HERE