


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A96000002378	
1. Entity Name HAZEL W. SELZ PARTNERSHIP, LIMITED	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 12 AM 9:29

Principal Place of Business PO BOX 311 TAMPA FL 33606	Mailing Address PO BOX 311 TAMPA FL 33606
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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

1st MOORE CR2E003 (10/06)

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. 5552 CANNONADE DR WESLEY CHAPEL FL 33544		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 CITY - ST - ZIP	PLUMMER, JANIE W 2602 MORRISON AVE. TAMPA FL 33629	STREET ADDRESS CITY - ST - ZIP	P.O. Box 311 TAMPA, FL 33601
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	VALDES, ROBERT E., JR., TRUSTEE PO BOX 311 TAMPA FL 33601	STREET ADDRESS CITY - ST - ZIP	
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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: Robert E. Valdes, Jr. - Trustee 2/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
ROBERT E. VALDES, JR. Date Daytime Phone #

STAPLE CHECK HERE