


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 26 AM 9:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000001476 1. Entity Name HAZEN & PARKS, LTD.					
Principal Place of Business C/O BRIAN W. HAZEN 410 LAKEBRIDGE PLAZA DR. ORMOND BEACH, FL 32174				Mailing Address C/O BRIAN W. HAZEN 410 LAKEBRIDGE PLAZA DR. ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3602661		Applied For 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	
SWEET, JEFFREY C 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$4,500.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P99000078660			STREET ADDRESS	
NAME	HAZEN & PARKS, INC.			CITY-ST-ZIP	
STREET ADDRESS	410 LAKEBRIDGE PLAZA DR.				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	



04092004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3602661

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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13. ADDRESS CHANGES ONLY

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE