

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

| | |
|---------------------------------------|--|
| DOCUMENT # A99000001476 | |
| 1. Entity Name HAZEN & PARKS, LTD. | |



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|---|---|
| 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 |
|---|---|



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|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01102005 Chg-LP CR2E003 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3602661 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SWEET, JEFFREY C 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174 |
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|--|-------------|
| 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 _____ |
|-----------------|------------|

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| 9. Capital Contributions as Shown on record. \$4,500.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 # | P99000078660 | STREET ADDRESS | |
| NAME | HAZEN & PARKS, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 410 LAKEBRIDGE PLAZA DR. | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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05/16/05-80024-001 141.25

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: | 4/16/05 | 386-612-3988 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Telephone # |

STAPLE CHECK HERE