

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:41

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		4. FEI Number 59-3602661	
Zip		Country		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	
SNELL LEGAL 700 W. GRANADA BLVD SUITE 107 ORMOND BEACH, FL 32174				Name: <u>Sweet, Jeffrey C</u> Street Address (P.O. Box Number is Not Acceptable): <u>595 W. GRANADA Blvd</u> Suite: <u>A</u> City: <u>Ormond Beach</u> FL Zip Code: <u>32174</u>	
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: <u>[Signature]</u>				DATE: <u>4.12.06</u>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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					
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: <u>[Signature]</u>				DATE: <u>4.12.06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

• STAPLE CHECK HERE