


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 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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01072008 No Chg-LP CR2E003 (12/06)

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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SWEET, JEFFREY C 595 W GRANADA BLVD SUITE A ORMOND BEACH, FL 32174
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**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
After May 1, 2008, 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	
DOCUMENT #	P99000078660
NAME	HAZEN & PARKS, INC.
STREET ADDRESS	410 LAKEBRIDGE PLAZA DR.
CITY- ST- ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000911957
05/07/08-80062-001 250.00

U00000911957
05/07/08-80062-002 250.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/08
Date

386-672-3988
Daytime Phone #

STAPLE CHECK HERE