

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JAN 13 AM 10:41

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| DOCUMENT # B02000000112                                  |  |
| 1. Entity Name<br>HAZEL INVESTMENTS, LIMITED PARTNERSHIP |  |



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| Principal Place of Business<br>1816 HWY A, STE 210<br>WASHINGTON, MO 63090 | Mailing Address<br>P.O. BOX 1879<br>WASHINGTON, MO 63090 |
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|--|---|
| 2. Principal Place of Business<br>1451 High Street<br>Suite, Apt. #, etc.<br>Suite 215<br>City & State<br>Washington, MO<br>Zip<br>63090<br>Country<br>USA | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country |
|--|---|



01052006 Chg-LP CR2E003 (11/05)

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE | Applied For<br>Not Applicable |
|---------------------------------|-------------------------------|

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

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| 6. Name and Address of Current Registered Agent<br>FENNELL, TODD W<br>979 BEACHLAND BLVD<br>VERO BEACH, FL 32963 |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

DATE  
 300064604949  
 01/27/06--01005--002 \*\*508.75

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | F02000001324<br>HAZEL OF NEVADA, INC.<br>1816 HWY A, STE 210<br>WASHINGTON, MO 63090 | STREET ADDRESS<br>CITY-ST-ZIP | 1451 High St, Suite 215<br>Washington, MO 63090 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |   |

STAPLE CHECK HERE

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 Date Daytime Phone #