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TALLAHASSEE FLORIDA

BLANK  ROME LLP  
COUNSELORS AT LAW

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September 17, 2004

**BY OVERNIGHT DELIVERY**

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

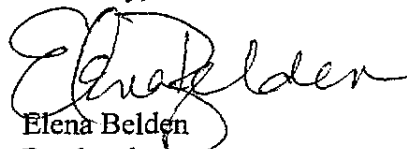
**Re: Heritage Investment Fund I, LLLP**

Dear Representative:

Enclosed are a Certificate of Limited Partnership and an Affidavit of Capital Contributions for the above-referenced entity. A check in the amount of \$1,837.50 is also enclosed representing payment in full for the filing fee (\$1,750.00), the Registered Agent fee (\$35), and one (1) Certificate of Status. Please use the overnight return envelope provided to return the certificate to me.

Please feel free to contact me if you have questions or need further information. Thank you in advance for your prompt attention to this matter.

Sincerely,

  
Elena Belden  
Paralegal

Enclosure

cc: Bruce C. Rosetto, Esq. (w/o enclosures)

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
Heritage Investment Fund I, LLLP

Insert limited partnership's Florida document number: \_\_\_\_\_

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Heritage Investment Fund I, LLLP

(Must include LLLP or LLLLP.)

3. The street address of its chief executive office: 3450 S. Ocean Blvd.  
(if different from current recorded address): Suite 405

Highland Beach, FL 33487

4. The street address of principal office in Florida: 3450 S. Ocean Blvd.  
(if different from above) Suite 405

Highland Beach, FL 33487

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

XX as of the date this document is filed with the Florida Secretary of State

or

\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:

Ashley Bloom


3450 S. Ocean Blvd., Suite 405

Highland Beach, Florida 33487

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this \_\_\_\_\_ day of September, 2004.

Signature of TWO Partners:

 Wayne Horne  
AUTHORIZED AGENT

Typed or printed names of partners signing above: Ashley Bloom, Managing Member  
Wayne Horne, Authorized Agent

Filing Fee: \$25.00  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

STATE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 20 PM 1:09

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