2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # B05000000433

1. Entity Name

AMERICAN HERITAGE CAPITAL, LP

FILED
06 MAY 31 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
511 E. JOHN CARPENTER FREEWAY #150 IRVING TX 75062	511 E. JOHN CARPENTER FREEWAY #150 IRVING TX 75062

2. Principal Place of Business		3. Mailing Address	
511 E. John Carpenter Fwy.		511 E. John Carpenter Fwy.	
Suite, Apt. #, etc.: 150		Suite, Apt. #, etc.: 150	
City & State: Irving, TX		City & State: Irving, TX	
Zip: 75062	Country: Dallas	Zip: 75062	Country: Dallas

1st MOORE CR2E003 (10/05)

4. FEI Number: 03-0488052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INCORP SERVICES, INC. 18450 NE 2ND AVENUE MIAMI FL 33179	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 [signature] 05-10-06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #	F05000005974	STREET ADDRESS	400076017314 05/08/06--01034--017 **900.00
NAME	AMERICAN HERITAGE GROUP, INC.		
STREET ADDRESS	511 E. JOHN CARPENTER FREEWAY #150	CITY-ST-ZIP	
CITY-ST-ZIP	IRVING TX 75062		
DOCUMENT #		STREET ADDRESS	
NAME			
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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] President, American Heritage Group Inc. 05-10-06. 214-239-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #