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

AMERICAN HERITAGE CAPITAL, LP  Principal Place of Business  511 E. JOHN CARPENTER FREEWAY #150 IRVING TX 75062  Mailing Address  511 E. JOHN CARPENTER FREEWAY #150 IRVING TX 75062  2. Principal Place of Business  511 E. John Carpenter Freeway #150 IRVING TX 75062  3. Mailing Address  511 E. John Carpenter Fwy.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  1st MOORE  CR2E003 (10/05)  City & State  City & State  4. FEI Number  Applied For			# B0500000043	33			FILED	
STIE JONN CARPENTER FREEWAY #150  STIE JONN CARPENTER FREEWAY #150  RIVING TX 75062  2 Periodual Place of disturbines  STIE JONN CARPENTER FREEWAY #150  Suit April 4 vio.  Suit April 4 vio.  Suit April 4 vio.  ISO  City & State  Ruine.  FRUINE.  FRUIN.			AGE CAPITAL, LP					<b>!</b>
IRVING TX 75062   IRVING TX				•	· · · · · · · · · · · · · · · · · · ·		SECRETARY OF STAT	E DA
STILE JON Cargo Ley Fuy  Site, John Carpenter Fuy  Site, John Carpente			TER FREEWAY #150		NTER FA	EEWAY #150	A CONTRACTOR OF THE CONTRACTOR	
Some   Some   Country   South   Sout	511 E. John Carperter Fry. SII E. John C					enter Fwy.		
Figure   Temperature   Tempe							1st MOORE CR	2E003 (10/05)
6. Name and Address of Current Registered Agent  INCORP SERVICES, INC.  18450 NE 2ND AVENUE  MIAMI FL 33179  City  FL  Zig Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I om transfar with, and accept the delignious of registered agent, or both, in the State of Florida. I om transfar with, and accept the delignious of registered agent, or both, in the State of Florida. I om transfar with, and accept the delignious of registered agent, or both, in the State of Florida. I om transfar with, and accept the delignious of registered agent, or both, in the State of Florida Department of State.  SIGNATURE  SIGNATURE  SIGNATURE  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 filled to change a general partner.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  OCCURRENT / NAME  NOTE: General Partners MAY NOT be changed on the form, an amendment must be filled to change a general partner.  A GENERAL PARTNER HAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  OCCURRENT / NAME  OCCURRENT / FOR I STATE OF	Prum			IRVINEN, T				Applied For Not Applicable
Singer Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Singer Address (P.O. Box Number is Not Acceptable)  City  FL  Zig 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 Fonda. I am familiar with, and acceptable bedignates of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent agent.  SIGNATURE  Signal Appears for remarking agent as the Justicetish  OX  PLE NOW!!! Fee is \$500. *** After May 1, 2006; fee with the \$900. *** Make check payable to Florida Department of State.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE THAT THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  13. ADDESS CHANGES ONLY  AMERICAN HEATTAGE GROUP, INC.  SIRET ADDRESS CITY-51-2P  GOUGHART AMERICAN HEATTAGE GROUP, INC.  SIRET ADDRESS CITY-51-2P  GOUGHART AMERICAN HEATTAGE GROUP, INC.  SIRET ADDRESS CITY-51-2P  GOUGHART AMERICAN HEATTAGE GROUP AND ACCEPTAGE AND ACCEPTAGE OF A BUSINESS ENTITY MAY AND A BUSINESS ENTITY ADDRESS CITY-51-2P  GOUGHART AMERICAN HEATTAGE GROUP AND ACCEPTAGE		2	1 . '	2p5062			5. Certificate of Status Desired	
Street Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  NOTE: For its \$500. *** After May 1, 2006, fee will be \$500. *** Marke check payable to Florida Department of State.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTRED 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 THAT IS A BUSINESS ENTITY MUST BE REGISTRED AND ACTIVE WITH THIS OFFICE.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTRED AND ACTIVE WITH THIS OFFICE.  13. MARKE STATE AGENCY OF THE WITH THIS OFFICE.  14. DEPOSE CHANGES CHANGES CHANGES  CITY-51-2P  COULDING IT ACCEPTANTED FREEWAY #150  CITY-51-2P  COULD FREE ACCEPTANTED FREEWAY #150  CITY-51-2P				Registered Agent		N	7. Name and Address of New Regi	stered Agent
B. 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 tamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  A power price is \$500. After May 1; 2006, fee will be \$900. Make check payable to Florida Department of State.  A GENERAL PARTINER THAT Is a BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners May 4; 2006, fee will be \$900. Make check payable to Florida Department of State.  A GENERAL PARTINER THAT Is a BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners May 4; 2006, fee will be \$900. Make check payable to Florida Department of State.  A GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  AMERICAN HERITAGE GROUP, INC.  SITIET ADDRESS  OITY-SI-2P  OCUMBET:  INVINOT TX 75062  CITY-SI-2P  OCUMBET:  INVINOT TX 75062  CITY-SI-								
B. 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  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  A GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  AMERICAN HERITAGE GROUP, INC.  STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. STREET ADDRESS  INC. ST. ZP  DOCUMENT I  NAME  STREET ADDRESS  INC. ST. ZP  INC. STREET ADDRESS  INC. ST. ZP  INC. ST. Z								
SIGNATURE    Companies   Compa						City		FL Zip Code
FILE NOW!! Fee is \$500. ** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.  A GENERAL PARTIER 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  MAKE ADDRESS CHANGES ONLY  AMERICAN HERITAGE GROUP, INC.  STREEL ADDRESS  STREEL ADDRESS  CITY-ST-2P  DOCUMENT / MAKE  STREEL ADDRE				or the purpose of changing i	its regist	ered office or regist	•	
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  FOSO00005974  MARE CAN HERITAGE GROUP, INC.  51 E. JOHN CARPENTER FREEWAY #150  CITY-ST-2P  DOCUMENT / MAKE  SIRET ADDRESS  CITY-ST-2P  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 of the receiver or trustee empowered in execute this report as received by Capper 262, Floridas Statutes  The Address  The Address  The Address are regal effect as a made under oath; that I am a General Partner of the limited partnersh or the receiver or trustee empowered in execute this report as received by Capper 262, Floridas Statutes  The Address  The Address are regal effect as a made under oath; that I am a General Partner of the limited partnersh or the receiver or trustee empowered in execute this report as received by Capper 262, Floridas Statutes  The Address are regal effect as a made under oath; that I am a General Partner of the limited partnersh or the receiver or trustee empowered in execute the report by Capper 262, Floridas Statutes  The Address are received by Capper 262, Floridas Statutes  The Address are receive		Signature, typed				DATE		
DOCUMENT / MAKE  TOTO STATE ADDRESS CITY-ST-ZIP DOCUMENT / MAKE STREET ADDRESS CITY-ST-ZIP DOCUMENT / MAKE STRE		Α (	GENERAL PARTNER T : General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	NTITY N	NUST BE REGIST n; an amendmen	TERED AND ACTIVE WITH THIS ( nt must be filed to change a gene	OFFICE. ral partner.
STREET ADDRESS CITY-ST-ZP DOCUMENT / MAKE SIREET ADDRESS CITY-ST-ZP CITY-ST-Z	DOCUMENT #		5974				40007601	7314
NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT I  NAME SIREET ADDRESS CITY-ST-ZIP  TO THE receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  THE Partner of the limited partnershing or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  THE PARTNER SIREET ADDRESS CITY-ST-ZIP  14. I horeby certify that the information supplied with this filing does not qualify for the expense of the partnershing 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 partnershing or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  THE ADDRESS CITY-ST-ZIP		511 E. JOI	HN CARPENTER FREEW		CITY	/-ST-ZIP		2,000,000
CITY-ST-ZIP  COCUMENT /  MAME  SIREET ADDRESS  CITY-ST-ZIP  DOCUMENT /  NAME  SIREET ADDRESS  CITY-ST-ZIP  Thereby certify that the information supplied with this filling 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 partnershin or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.  Therefore a first and a General Partner of the limited partnershin or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.  Therefore a first and a General Partner of the limited partnershin or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.  Therefore a first and a first and a General Partner of the limited partnershin or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					STR	FET ADDRESS		`
NAME SIREE ADDRESS CITY-ST-ZIP  DOCUMENT I NAME SIREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT I NAME SIREET ADDRESS CITY-ST-ZIP  14. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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  210-239-1600	CITY-ST-ZIP		- Commenter		СІТ	Y-ST-ZIP		***************************************
CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME ' STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME ' STREET ADDRESS CITY-ST-ZIP  14. I hareby 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 partnershif or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  210-239-1600  The statutes of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  210-239-1600	NAME				STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME ' STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  The address 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  The address 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  The address 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  The address contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true.	CITY-ST-ZIP	·			CITY	7-\$1-ZIP		
CITY-ST-ZIP  OOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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 turther certify that the informatic 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 partnershi or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  210-239-1600	NAME				STRI	EET ADDRESS		
NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  14. I horeby 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 partnershing or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  2/10-239-1600	CITY-ST-ZIP				-			
DOCUMENT / NAME '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 turther 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 partnershift or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  3.10-239-1600	STREET ADDRESS	ţ						
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 partnershi or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  2/U-239-1600  3-Ah Previolant, American Herstage Charge Inc.  5-6-0	DOCUMENT				STR	EET ADDRESS		
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 partnershi or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  214-239-1600  7 - A Freciolat, Amorican Herstope Cropping. 05-10-20					СІТУ	r-ST-ZIP		
	indicated or the rec	I on this repo ceiver or trust	ort is true and accurate and tee empowered to execute	I that my signature shall have this report as required by Ch	e the san napter 62	ne legal effect as if r 20, Florida Statutes	made under oath; that I am a General P	artner of the fimited partnership