2000	UNII	FORM BUS	INESS REPO	RT (I	UBR)	
DOCUM 1. Entity Name	00047	*** · a		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
HERITAGE CAPITAL LIMITED PARTNERSHIP					, ,	00 MAY -1 PM 12: 06
Principal Place	e of Business	·	Mailing Address			7
			•			
2. Principal Pla		ess 20th ST	3. Mailing Address	3. Mailing Address 960 SW 20 ⁺⁴ 5 F		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		n,FL	City & State Plantation	FL	,	4. FEI Number 65 - 0969 677 Not Applied For Not Applicable
^{Zip} 3 3 <u>3</u>	17	Country	^{Zip} 333 17	Country	s A	5. Certificate of Status Desired See Required Fee Required
	6. Name	and Address of Current				7. Name and Address of New Registered Agent
Daniel J Hittenberger					Name	iel J. Hittenberger
, J						s (P.O. Box Number is Not Acceptable)
•		4				20 30 31
	6			(City Pla	utation FL Zip Code 33317
8. The above	named aniity	submits this statement for	or the purpose of changing its r	egistered o	office or regist	tered agent, or both, in the State of Florida.
SIGNATURE	() 1	Do Do	in Hi Henber			4-26-00
9Capital:Con	/-	or printed name of registered agent	t and title if applicable. (NOTE:			red when reinstating) DATE 11 MAKE CHECK PAYABLE TO DEPT DE STATE
as Shown o	on record. Y	40,000	in FLORIDA to da	te.		SEE REVERSE SIDE FOR FEE INFORMATION
						STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.		GENERAL PARTNE		13.		TAGADO O JANSHESS CHANGES ONLY
DOCUMENT#				STREET A	ODRESS ;	egacy Asset Corporation
NAME STREET ADDRESS				01701 07		601 NE 5th Ave
CITY-ST-ZIP		· .		CITY-ST-		=+ Landerdale FL 33334
DOCUMENT #			•	STREET A	ADDRESS	·
NAME STREET ADDRESS			- • •			
CITY-ST-ZIP				CITY-ST-	- ZIP	7000032887971
DOCUMENT # NAME_			, <u>, </u>	- STREET A	DDRESS	_06/14/0001065010 ****141.25 ****141.25
STREET ADDRESS CITY-ST-ZIP		ţ"		CITY-ST-	-ZIP	
DOCUMENT #_ NAME	_			STREET A	ADDRESS	
STREET AODRESS CITY-ST-ZIP				CITY-ST-	- ZIP	
DOCUMENT # NAME	-		*	STREET A	ADDRESS	
STREET ADDRESS CITY-ST-ZIP	٠,	• •	• ,	CITY-ST-	ZIP	
DOCUMENT # NAME	:			STREET A	ODRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-	-ZIP	
indicated o	on this report	t is true and accurate and	d that my signature shall have the consistency of t	ne same le er 620, Flor	gal effect as il ida Statutes	Section 119.07(3)(i), Florida Statutes, I further certify that the information f made under oath; that I am a General Partner of the limited partnership or
SIGNAT	URE: 🖁	E-Joan DU SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING GENERAL		Henbe	Date Daytime Phone #