


150.00

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # A00000001598					
1. Entity Name HERITAGE GP 2001, LTD.					
Principal Place of Business 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931			Mailing Address 5505 N. ATLANTIC AVE., STE. #115 COCOA BEACH, FL 32931		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3674715	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01302004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE. #115 COCOA BEACH, FL 32931			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$50.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P00000094797		STREET ADDRESS		
NAME	HERITAGE GP 2001, INC.		CITY-ST-ZIP		
STREET ADDRESS	5505 NORTH ATLANTIC AVENUE, SUITE 115				
CITY-ST-ZIP	COCOA BEACH, FL 32931				
DOCUMENT #			STREET ADDRESS	500028688885	
NAME			CITY-ST-ZIP	02/13/04--01004--015 **572.50	
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James Kincaid, VP</u>			1/30/04 321-799-4090		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

FILED
04 FEB -4 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BK

