## 2006 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Due By May 1, 2006 Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # A0000001598 1. Entity Name HERITAGE GP 2001, LTD. Principal Place of Business Mailing Address 5505 NORTH ATLANTIC AVENUE, SUITE 115 5505 N. ATLANTIC AVE., STE, #115 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 04172006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3674715 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE DO NOT WRITE 5505 N. ATLANTIC AVE. #115 IN THIS SPACE COCOA BEACH, FL 32931 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P00000094797 DOCUMENT # HERITAGE GP 2001, INC. NAME STREET ADDRESS 5505 NORTH ATLANTIC AVENUE, SUITE 115 CITY-ST-ZIP COCOA BEACH, FL 32931 U000000541919 DOCUMENT # NAME 05/10/06-80079-006 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS Cffy-St-ZiP IN THIS SPACE DOCHMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14. I hereby 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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

URE AND TYPED OR PRINTED MANE OF SIGNING GENERAL PARTNER

321-799-409