


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A04000001531					
1. Entity Name HERITAGE INVESTMENT FUND I, LLLP					
Principal Place of Business 3450 S. OCEAN BLVD., SUITE 405 HIGHLAND BEACH FL 33487			Mailing Address 3450 S. OCEAN BLVD., SUITE 405 HIGHLAND BEACH FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2152338	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	

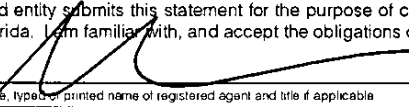
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2005 JUN -9 P 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent BLOOM, ASHLEY 3450 S. OCEAN BLVD., SUITE 405 HIGHLAND BEACH FL 33487				7. Name and Address of New Registered Agent 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				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. \$526.25	
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,200,000			

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 #	L04000019666	STREET ADDRESS	
NAME	HERITAGE MANAGEMENT COMPANY LLC	CITY-ST-ZIP	
STREET ADDRESS	3450 S. OCEAN BLVD., SUITE 405		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		
DOCUMENT #		STREET ADDRESS	200055961118
NAME		CITY-ST-ZIP	06/09/05--01009--009 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ashley Bloom, Manager

2/24/05 (501) 417-7115

Date Daytime Phone #

STAPLE CHECK HERE