


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 11:19

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A04000001531 1. Entity Name HERITAGE INVESTMENT FUND I, LLLP	
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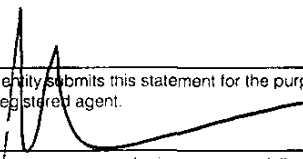
Principal Place of Business 3450 S. OCEAN BLVD., SUITE 405 HIGHLAND BEACH, FL 33487	Mailing Address 3450 S. OCEAN BLVD., SUITE 405 HIGHLAND BEACH, FL 33487
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2. Principal Place of Business 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. STE # 14 City & State BOCA RATON FL Zip 33487	3. Mailing Address 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. STE # 14 City & State BOCA RATON FL Zip 33487
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04242006 Chg-LP CR2E003 (11/05)

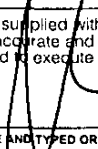
4. FEI Number 41-2152338	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLOOM, ASHLEY 3450 S. OCEAN BLVD., SUITE 405 HIGHLAND BEACH, FL 33487 SIGNATURE 	7. Name and Address of New Registered Agent Name BLOOM, ASHLEY Street Address (P.O. Box Number is Not Acceptable) 6600 W. ROGERS CIRCLE STE # 14 City BOCA RATON FL Zip Code 33487 DATE 04/24/06
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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. 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000066450	STREET ADDRESS	6600 W. ROGERS CIRCLE # 14
NAME	HERITAGE MANAGEMENT COMPANY LLC	CITY-ST-ZIP	BOCA RATON FL- 33487
STREET ADDRESS	7100 W. CAMINO REAL BLVD. SUITE 402		
CITY-ST-ZIP	BOCA RATON, FL 33433		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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 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 Date 04/24/06 Daytime Phone # (561) 417-7115
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STAPLE CHECK HERE