

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A04000001531**

1. Entity Name  
**HERITAGE INVESTMENT FUND I, LLLP**



Principal Place of Business  
**6600 W. ROGERS CIRCLE, SUITE #14**  
**BOCA RATON, FL 33487**

Mailing Address  
**6600 W. ROGERS CIRCLE, SUITE #14**  
**BOCA RATON, FL 33487**

2. Principal Place of Business - No P.O. Box #  
**1801 Clint Moose Rd**

Suite, Apt. #, etc.  
**# 217**

City & State  
**Boca Raton, FL**

Zip  
**33487**

3. Mailing Address  
**1801 Clint Moose Rd**

Suite, Apt. #, etc.  
**# 217**

City & State  
**Boca Raton, FL**

Zip  
**33487**



04102007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**41-2152338**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BLOOM, ASHLEY**  
**6600 W. ROGERS CIRCLE, SUITE #14**  
**BOCA RATON, FL 33487**

**7. Name and Address of New Registered Agent**

Name  
**BLOOM, ASHLEY**

Street Address (P.O. Box Number is Not Acceptable)

**1801 Clint Moose Rd # 217**

City  
**Boca Raton FL** Zip Code  
**33487**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**04/11/07**  
 DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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**

DOCUMENT # **L04000066450**  
 NAME **HERITAGE MANAGEMENT COMPANY LLC**  
 STREET ADDRESS **6600 W. ROGERS CIRCLE, SUITE #14**  
 CITY-ST-ZIP **BOCA RATON, FL 33487**

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 CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS **1801 Clint Moose Rd # 217**  
 CITY-ST-ZIP **Boca Raton FL - 33487**

STREET ADDRESS **400103612164**  
 CITY-ST-ZIP **05/31/07 01035-006 \*\*500.00**

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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

**04/11/07** (561) 912-0029  
 Date Daytime Phone #

STAPLE CHECK HERE