

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:42

DOCUMENT # A04000001531

1. Entity Name
 HERITAGE INVESTMENT FUND I, LLLP



Principal Place of Business
 1801 CLINT MOORE RD
 #217
 BOCA RATON, FL 33487

Mailing Address
 1801 CLINT MOORE RD
 #217
 BOCA RATON, FL 33487



2. Principal Place of Business - No P.O. Box #
 5301 N. Federal Hwy

3. Mailing Address
 5301 N. Federal Hwy

Suite, Apt. #, etc.
 #380

Suite, Apt. #, etc.
 #380

City & State
 BOCA RATON, FL

City & State
 BOCA RATON, FL

Zip
 33487

Zip
 33487

02272008 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
 1801 CLINT MOORE RD
 #217
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
 Ashley Bloom

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

5301 N. Federal Hwy, #380

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]*
 Signature, typed or printed name of registered agent and title, if applicable.

3/25/08
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 1801 CLINT MOORE RD #217
 CITY-ST-ZIP BOCA RATON, FL 33487

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5301 N. Federal Hwy, #380
 CITY-ST-ZIP Boca Raton, FL-33487

DOCUMENT #
 NAME
 STREET ADDRESS
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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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/08 (561) 674-0060
 Date Daytime Phone #

STAPLE CHECK HERE