


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A05000000594		
1. Entity Name HERITAGE INVESTMENT FUND II, LLLP		
Principal Place of Business 7100 W. CAMINO REAL BLVD., SUITE 402 BOCA RATON FL 33433		Mailing Address 7100 W. CAMINO REAL BLVD., SUITE 402 BOCA RATON FL 33433

FILED

06 MAY -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA



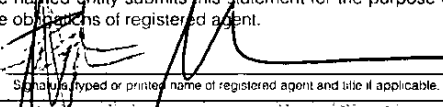
2. Principal Place of Business 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite # 14 City & State BOCA RATON FL Zip 33487 Country		3. Mailing Address 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite # 14 City & State BOCA RATON FL Zip 33487 Country	
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1st MOORE CR2E003 (10/05)

4. FEI Number 30-0305552	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 7100 W. CAMINO REAL BLVD., SUITE 402 BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name BLOOM, ASHLEY Street Address (P.O. Box Number is Not Acceptable) 6600 W. ROGERS CIRCLE SUITE # 14 City BOCA RATON FL Zip Code 33487	
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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.

SIGNATURE: 
Signature typed or printed name of registered agent and title if applicable.

ASHLEY BLOOM

04/24/06
DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP	L05000028620 FUND MANAGEMENT GROUP, LLC 7100 W. CAMINO REAL BLVD., SUITE 402 BOCA RATON FL 33433	STREET ADDRESS CITY-ST-ZIP	6600 W. ROGERS CIRCLE Suite # 14 BOCA RATON FL-33487
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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 TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASHLEY BLOOM

04/24/06

Date

(561) 417-7115

Daytime Phone #

STAPLE CHECK HERE