

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000000594

1. Entity Name
 HERITAGE INVESTMENT FUND II, 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 Moore Rd
 Suite, Apt. #, etc.
 # 217

3. Mailing Address
 1801 Clint Moore Rd
 Suite, Apt. #, etc.
 # 217

City & State
 Boca Raton, FL
 Zip
 33487

City & State
 Boca Raton, FL
 Zip
 33487

04102007 Chg-LP CR2E003 (12/06)

4. FEI Number
 30-0305552

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

1801 Clint Moore 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.

DATE

4/11/07

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 # L05000028620
 NAME FUND MANAGEMENT GROUP, LLC
 STREET ADDRESS 6600 W. ROGERS CIRCLE, SUITE #14
 CITY-ST-ZIP BOCA RATON, FL 33487

13. ADDRESS CHANGES ONLY

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

DOCUMENT #
 NAME
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 CITY-ST-ZIP

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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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

STAPLE CHECK HERE