

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 05 MAY 19 AM 10:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A14848 1. Entity Name HERITAGE APARTMENTS II, LTD.					
Principal Place of Business 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308			Mailing Address 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2315501	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOTTICE, H. JAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record 295,906.00 Amount of Capital Contributions in FLORIDA to date. 0					
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 #	L14911			STREET ADDRESS	
NAME	HERITAGE PANAMA, INC.			CITY - ST - ZIP	
STREET ADDRESS	2019 CENTRE POINTE BLVD., STE. 101				
CITY - ST - ZIP	TALLAHASSEE, FL 32308				
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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 exemption stated in Section 119.07(3)(i), 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: John P. Mottice President				Date: 4/22/05 Daytime Phone #: 850-386-2117	

STAPLE CHECK HERE