

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # A18069

1. Entity Name
HERITAGE VILLAS OF PUNTA GORDA, LTD.



Principal Place of Business
**7865 SOUTHSIDE BLVD.
SUITE 14
JACKSONVILLE, FL 32256**

Mailing Address
**7865 SOUTHSIDE BLVD.
SUITE 14
JACKSONVILLE, FL 32256**



07262007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-2448458.

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SELIGMAN, KAREN J
7865 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

000000771729
08/08/07-80006-002 908.75

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HOLMES, ROGER B.
1253 S. SHORE DRIVE
ORANGE PARK, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SELIGMAN, SANFORD L.
7865 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32256**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Karen Seligman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/25/07
Date

(904) 642-1758
Daytime Phone #

STAPLE CHECK HERE