

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000425					
1. Entity Name HERITAGE PHOENIX, LTD.					
Principal Place of Business 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931			Mailing Address 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.		02122004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3176355	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # P93000075715				STREET ADDRESS	
NAME HERITAGE PARTNERS GROUP VIII, INC. ✓				CITY-ST-ZIP	
STREET ADDRESS 5505 N. ATLANTIC AVE., #115				000000088272 03/15/04-80045-001 150.00	
CITY-ST-ZIP COCOA BEACH, FL 32931				STREET ADDRESS	
DOCUMENT # 766122				CITY-ST-ZIP	
NAME THE WEST PERRINE COMMUNITY DEV. CORP. INC. ✓				STREET ADDRESS	
STREET ADDRESS 17623 HOMESTEAD AVENUE				CITY-ST-ZIP	
CITY-ST-ZIP MIAMI, FL 33157				STREET ADDRESS	
DOCUMENT #				CITY-ST-ZIP	
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CITY-ST-ZIP				STREET ADDRESS	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:				3/3/04 321-799-4090 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE