


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A93000000425 1. Entity Name HERITAGE PHOENIX, LTD.	
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FILED
 07 MAY 18 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. #108	Suite, Apt. #, etc. #108
City & State	City & State
Zip	Country

04132007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3176355	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931	7. Name and Address of New Registered Agent Name <u>KINCAID, James</u> Street Address (P.O. Box Number is Not Acceptable) <u>5505 N ATLANTIC AVE., #108</u> City <u>Cocoa Beach</u> FL <u>32931</u>
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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 <u>James Kincaid</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4/20/2007</u>

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000075715	STREET ADDRESS	<u>5505 N ATLANTIC AVE., #108</u>
NAME	HERITAGE PARTNERS GROUP VIII, INC.	CITY-ST-ZIP	
STREET ADDRESS	5505 N. ATLANTIC AVE., #115		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
DOCUMENT #	766122	STREET ADDRESS	800103699758
NAME	THE WEST PERRINE COMMUNITY DEV. CORP. INC.	CITY-ST-ZIP	06/01/07 01010 009 **508.75
STREET ADDRESS	17623 HOMESTEAD AVENUE		
CITY-ST-ZIP	MIAMI, FL 33157		
DOCUMENT #		STREET ADDRESS	<u>400103701834</u>
NAME		CITY-ST-ZIP	<u>06/01/07--01014--009 **508.75</u>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: <u>James Kincaid, James Kincaid</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE <u>4/20/2007</u>	DAYTIME PHONE # <u>321-799-4080</u>
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STAPLE CHECK HERE