


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:50

DOCUMENT # A93000000425	
1. Entity Name HERITAGE PHOENIX, LTD.	

Principal Place of Business 5505 N. ATLANTIC AVE., #108 COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVE., #108 COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box # ATLANTIS ROAD	3. Mailing Address P O Box 321209
Suite, Apt. #, etc. 405-B	Suite, Apt. #, etc.



04082008 Chg-LP CR2E003 (12/06)

City & State CAPE CANAVERAL, FL	City & State COCOA BEACH, FL	4. FEI Number 59-3176355	Applied For Not Applicable
Zip 32920	Country USA	Zip 32932-1209	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KINCAID, JAMES
 5505 N. ATLANTIC AVE., #108
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name

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

405-B ATLANTIS ROAD

City **CAPE CANAVERAL FL** Zip Code **32920**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

DATE
600128734976
 05/07/08--01012--002 **508.75

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 #	P93000075715
NAME	HERITAGE PARTNERS GROUP VIII, INC.
STREET ADDRESS	5505 N. ATLANTIC AVE., #108
CITY-ST-ZIP	COCOA BEACH, FL 32931
DOCUMENT #	766122
NAME	THE WEST PERRINE COMMUNITY DEV. CORP. INC.
STREET ADDRESS	17623 HOMESTEAD AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	405-B ATLANTIS ROAD
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: James Kincaid James Kincaid 4/22/08 321-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #