


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002359</b>					
1. Entity Name <b>HERITAGE (NAPLES) PIP LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789</b>			Mailing Address <b>C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789</b>		
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 <b>59-3419468</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHAPIRO, MARVIN C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789</b>			7. Name and Address of New Registered Agent 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.			11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.		
9. Capital Contributions as Shown on record. <b>\$3,500,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		



1ST MOORE CR2E003 (10/04)

**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 #	G02163900074	STREET ADDRESS	
NAME	AVANTI CAPITAL ASSOCIATES	CITY- ST- ZIP	
STREET ADDRESS	923 N. PENNSYLVANIA		
CITY- ST- ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	U000000208753
NAME		CITY- ST- ZIP	02/02/05-BUDD5-017 526.25
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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:** *Beila Sherman* **Beila Sherman** 1/25/05 407-628-8488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE