


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002359	
1. Entity Name HERITAGE (NAPLES) PIP LIMITED PARTNERSHIP	

Principal Place of Business C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789	Mailing Address C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3419468 ☐ Applied For Not Applicable

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

5. Name and Address of Current Registered Agent SHAPIRO, MARVIN C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ Signature, typed or printed name of registered agent and title if applicable **DATE** _____

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	NAME AVANTI CAPITAL ASSOCIATES	STREET ADDRESS	1/00000500721
STREET ADDRESS 923 N. PENNSYLVANIA	CITY-ST-ZIP WINTER PARK FL 32789	CITY-ST-ZIP	04/25/06-80034-007 500.00
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: Charles Schwartz *Charles Schwartz* APR 03 2006 4076288488

STAPLE CHECK HERE