


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


**DOCUMENT # A0100000316**  
1. Entity Name  
**TRINITY INVESTORS, LTD.**



Principal Place of Business      Mailing Address  
936 CRENSHAW LAKE ROAD      936 CRENSHAW LAKE ROAD  
LUTZ FL 33549      LUTZ FL 33549

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

**FILED**  
05 MAY 27 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE      CR2E003 (10/04)

4. FEI Number      Applied For  
**59-3731714**      Not Applicable

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


6. Name and Address of Current Registered Agent  
**WIECZORKOWSKI, ANDREW ESQUIRE  
THE WILDER CENTER  
3000 GULF-TO-BAY BLVD., SUITE 200  
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent  
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.

11. **FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,500,000.00**      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


DOCUMENT #	L01000003375
NAME	WEISBAR INVESTMENTS, L.L.C.
STREET ADDRESS	936 CRENSHAW LAKE ROAD
CITY-ST-ZIP	LUTZ FL 33549
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	000055656920 06/02/05--01030--012 **141.25
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 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:**  **4/26/05** **3806333** **(813)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #