


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

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000316
1. Entity Name
TRINITY INVESTORS, LTD.



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

1st MOORE CR2E003 (10/05)
4. FEI Number Applied For
59-3731714 Not Applicable

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.

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

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 # | L01000003375 | STREET ADDRESS | |
| NAME | WEISBAR INVESTMENTS, L.L.C. | CITY-ST-ZIP | |
| STREET ADDRESS | 936 CRENSHAW LAKE ROAD | | |
| CITY-ST-ZIP | LUTZ FL 33549 | | |
| DOCUMENT # | | STREET ADDRESS | 05/10/06-80066-025 500.00 |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | 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: BKasprow BKasprow 4/24/06 813380610/