

OFFICE USE ONLY (Document #)

ROGERS, TOWERS, BAILEY, JONES & GAY

(Requestor's Name)

106 South Monroe St. - Unit B

(Address)

Tallahassee, FL 32301

(City, State, Zip)

(Phone #)

222-7200 (Pat)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Twenty Four, Ltd.  
(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name)

(Document #)

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

4. \_\_\_\_\_  
(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

G. TAX FILING 52.50  
 2. AGENT FEE 35.00  
 3. COPY 27.50  
 TOTAL 115.00  
 4. BANK BALANCE DUE 115.00  
 5. FILING 115.00  
 \$319.50  
 Examiner's Initials BV

TRINITY FUND, LTD.

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Partnership Act (1986), Part I, Chapter 620, Florida Statutes (the "Act"), does hereby certify as follows:

1. Name. The name of the limited partnership is as follows:

TRINITY FUND, LTD.

2. Address. The principal place of business (and the address of the office at which the records prescribed by Section 620.106 of the Act shall be kept) and the mailing address for the limited partnership are as follows:

1620 Independent Square  
Jacksonville, Florida 32202

3. Registered Agent. The name and address of: (i) the agent for service of process, required to be maintained by Section 620.105 of the Act, and (ii) the registered agent and registered office, required to be maintained by Section 620.192 of the Act, for the limited partnership is as follows:

J. Kirby Chritton  
Rogers, Towers, Bailey, Jones & Gay, P.A.  
1301 Riverplace Blvd., Suite 1500  
Jacksonville, Florida 32207

4. General Partners. The names and business address of the general partners of the limited partnership are as follows:

Thad L. McNulty  
1620 Independent Square  
Jacksonville, Florida 32202

Trinity Capital of Jacksonville, Inc.  
1620 Independent Square  
Jacksonville, Florida 32202

5. Termination. The latest date upon which the limited partnership is to dissolve is December 31, 2015.

6. Capital Contributions. An affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners is attached hereto.

RECEIVED  
SECTION 620.106  
MAY 11 1999

P950000031299

WHEREFORE, this Certificate has been executed by the general partner of the limited partnership in accordance with Section 620.114 of the Act this 27th day of April, 1995.

Thad L. McNulty  
Thad L. McNulty, General Partner

TRINITY CAPITAL OF JACKSONVILLE, INC.

By: Thad L. McNulty  
Thad L. McNulty  
President

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
APR 27 - 3 PM 11:09

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 27th day of April, 1995, by Thad L. McNulty, in his personal capacity and as the President of Trinity Capital of Jacksonville, Inc., a Florida corporation, on behalf of the corporation. Mr. McNulty is personally known to me, or has produced his Florida driver's license as identification.

Becky Mariotti  
Notary Public, State of Florida  
Print Name \_\_\_\_\_



BECKY MARIOTTI  
MY COMMISSION # CC 127625 EXPIRES  
August 10, 1995

My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_

TRINITY FUND, LTD.

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT  
AND AGENT FOR SERVICE OF PROCESS

The undersigned, having been designated the Agent for Service of Process, pursuant to Section 620.105, Florida Statutes, and Registered Agent, pursuant to Section 620.192, Florida Statutes, of TRINITY FUND, LTD., a limited partnership to be formed concurrently herewith under the Florida Revised Uniform Limited Partnership Act (1986), does hereby accept such designation and the obligations provided for in Section 620.105 and 620.192, Florida Statutes.

  
J. Kirby Chritton

Dated: April 27, 1995

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -3 AM 11:09

**AFFIDAVIT REGARDING CAPITAL CONTRIBUTIONS**

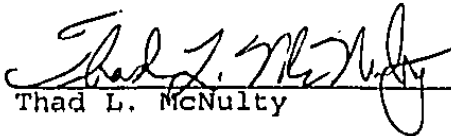
The undersigned, being the general partner of Trinity Fund, Ltd., a limited partnership formed under the Florida Revised Uniform Limited Partnership Act (1986), Part 1, Chapter 620, Florida Statutes (the "Act"), after being duly sworn hereby declare pursuant to Section 620.108 of the Act, as follows:

1. That Trinity Capital of Jacksonville, Inc., a Florida corporation, and Thad L. McNulty are the general partners of Trinity Fund, Ltd, Florida limited partnership (the "Partnership").


2. That the capital contributions of the limited partners of the Partnership and the amount anticipated to be contributed by the limited partners of the Partnership at the present time is \$100.00.

3. That this Affidavit is being given pursuant to the requirements of Section 620.108 of the Act.

Dated: April 27, 1995

  
Thad L. McNulty

TRINITY CAPITAL OF JACKSONVILLE,  
INC.

By:   
Thad L. McNulty  
President


STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was sworn to and subscribed before me this 27th day of April, 1995, by Thad L. McNulty, in his personal capacity and as President of Trinity Capital of Jacksonville, Inc., a Florida corporation. Mr. McNulty is known to me or has produced his Florida driver's license as identification.



BECKY MARIOTTI  
MY COMMISSION # CC 127625 EXPIRES  
August 10, 1995

  
Notary Public, State of Florida  
Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_

FILED  
CLERK OF DISTRICT COURT  
JUL 11 1995  
95 HKT-3  
HKT-09

# A95000000695

ROGERS, TOWERS, BAILEY, JONES & GAY

(Requestor's Name)

106 South Monroe Street

(Address)

Tallahassee, FL 32301 222-7200

(City, State, Zip)

(Phone #)

95 AUG 28 AM 10:54

DIVISION OF CORPORATION

OFFICE USE ONLY

PLEASE CALL PAT @ 222/7200 if problems.

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Trinity Fund, Ltd. A95000000695

(Corporation Name)

(Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

100001524481

-08/31/95--01026--020

\*\*\*1802.50 \*\*\*1802.50

4. \_\_\_\_\_ (Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

8-28

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A. Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

\* Rtn. a file stamped copy.

C. TAX \_\_\_\_\_  
FILING \_\_\_\_\_ 17.50.00  
R. AGENT FEE \_\_\_\_\_ 52.50  
C. COPY \_\_\_\_\_ 44.82.50  
TOTAL \_\_\_\_\_  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

Examiner's Initials

8/28/95  
B1

TRINITY FUND, LTD.  
SUPPLEMENTAL AFFIDAVIT REGARDING CAPITAL CONTRIBUTIONS

The undersigned, being the general partners of Trinity Fund, Ltd., a limited partnership formed under the Florida Revised Uniform Limited Partnership Act (1986), Part 1, Chapter 620, Florida Statutes (the "Act"), after being duly sworn hereby declare pursuant to Section 620.108 of the Act, as follows:

1. That Trinity Capital of Jacksonville, Inc., a Florida corporation, and Thad L. McNulty are the general partners of Trinity Fund, Ltd., a Florida limited partnership (the "Partnership").

2. That the capital contributions of the limited partners of the Partnership and the amount anticipated to be contributed by the limited partners of the Partnership at the present time is \$ 11,320,000.

3. That this Affidavit is being given pursuant to the requirements of Section 620.108 of the Act.

Dated: August 14, 1995

Thad L. McNulty  
Thad L. McNulty

TRINITY CAPITAL OF JACKSONVILLE,  
INC.

By: Thad L. McNulty  
Thad L. McNulty  
President

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 AUG 28 AM 11:42

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was sworn to and subscribed before me this 14th day of AUGUST, 1995, by Thad L. McNulty, in his personal capacity and as President of Trinity Capital of Jacksonville, Inc., a Florida corporation. Mr. McNulty is known to me ~~or has produced his Florida driver's license as~~ identification.

Sidney S. Simmons  
Notary Public, State of Florida  
Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_

SIDNEY S. SIMMONS, II  
NOTARY PUBLIC, STATE OF FLORIDA  
My commission expires July 7, 1996  
Commission No. CC 212926

# A95000000695

ROGERS, TOWERS, BAILEY, JONES & GAY

(Requestor's Name)

106 South Monroe Street

(Address)

Tallahassee, FL 32301 222-7200

(City, State, Zip)

(Phone #)

(Pat)

000001575100  
-01/02/96--01036--015  
\*\*\*1750.00 \*\*\*1750.00

OFFICE USE ONLY

RECEIVED  
93 DEC 29 AM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Trinity Fund, Ltd. A95000000695  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time 12/29

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FF - \$1,750.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

\* Rth. a filed stamped copy  
12/29/95 a  
Supplemental Affidavit of Capital Contributions

Examiner's Initials



SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR TRINITY FUND, LTD.

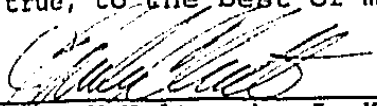
The undersigned, general partners of Trinity Fund, Ltd., a limited partnership, executed this supplemental affidavit filed pursuant to Section 620.176, Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the purpose of transacting business in Florida is \$15,071,644.

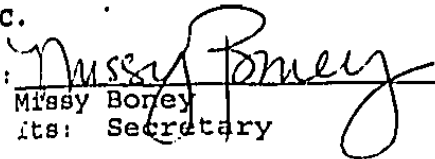
This 28th day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, I declare that I have read the following and that the facts are true, to the best of my knowledge and belief.

  
Thad L. McNulty, by J. Kirby  
Chritton, Esq., as Attorney-in-Fact

TRINITY CAPITAL OF JACKSONVILLE,  
INC.

By:   
Missy Boney  
Its: Secretary

95 DEC 29 AM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT

**A9500000695** FILED

95 DEC 29 AM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

1. Name of Limited Partnership  
**TRINITY FUND, LTD.**

1a. DOCUMENT #  
**A95000000695**

2. New Mailing Address (If Applicable)

Mailing Address  
**1620 Independent Square  
Jacksonville, FL 32202**

Principal Office Address

**SAME AS MAILING ADDRESS**

State Apt. # etc.

City, State & Zip

2a. New Principal Office Address (If Applicable)

State Apt. # etc.

City, State & Zip

3. Date Formed or Registered to Do Business in  
**FLORIDA  
May 3, 1995**

3a. Date of Last Report  
**N/A**

4. State of Country of Formation  
**Florida**

5a. Capital Contributions as Shown  
on Record  
**\$ 11,320,000**

5b. Amount of Capital Contributions in  
FLORIDA to date  
**\$15,071,644**

6. FET Number  
**59-3316305**

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

**\$5.75 Additional Fee required  
for a Certificate of Status**

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.  
2) Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75).  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

**\$576.25**

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**J. Kirby Chritton, Esq.  
Rogers, Towers, Bailey, Jones & Gay, P.A.  
1301 Riverplace Blvd., Suite 1500  
Jacksonville, FL 32207**

Name

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

State Apt. # etc.

City

**FL**

Zip Code

10a. Pursuant to the provisions of sections 620.105(1) and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (No P.O. Box Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Thad L. McNulty	1620 Independent Square	Jacksonville, FL 32202	
Trinity Capital of Jacksonville, Inc.	1620 Independent Square	Jacksonville, FL 32202	P95000031299
AR - \$437.50 SF - \$138.75 12/29/95			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 619.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 619.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

BY: **Missy Boney**, Corporate Secretary  
**Trinity Capital of Jacksonville,**

DATE **December 28, 1995**  
(904) 355-7700

Typed or Printed Name of General Partner Signing on

Telephone Number

**Inc., Corporate General Partner**

CR2E003 (6/95)

# A950000000695

ROGERS, TOWERS, BAILEY, JONES & GAY

(Requestor's Name)

106 South Monroe Street

(Address)

Tallahassee, FL 32301 222-7200

(City, State, Zip)

(Phone #)

(Pat)

OFFICE USE ONLY

RECEIVED  
95 DEC 29 AM 1:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Trinity Fund, Ltd. A951000000  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time 12/29

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☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

\* Please see rfa.  
a filed  
stamped copy.  
12/29/95

→ Annual Report

Examiner's Initials

# A95000000695

ROGERS, TOWERS ET AL.

(Requestor's Name)

106 South Monroe St.

(Address)

Tallahassee, FL 32301 # 222-7200

(City, State, Zip)

(Phone #)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 24 PM 1:38

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Trinity Funeral, Ltd. A95000000695

(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certified Copy

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☐ Certificate of Status

NEW FILINGS	
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AMENDMENTS	
<input type="checkbox"/>	Amendment
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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
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REGISTRATION/ QUALIFICATION	
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TAX 1750.00  
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R. AGENT FEE  
COPY 1750.00  
TOTAL  
H. BANK  
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96 JUN 24 PM 1:00  
DIVISION OF CORPORATIONS  
\* Return a  
filed stamped  
copy. Thanks.

1/24/96

Examiner's Initials

Bh

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR TRINITY FUND, LTD.

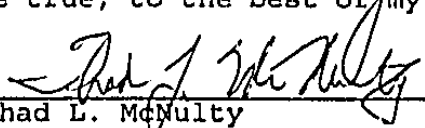
The undersigned, general partners of Trinity Fund, Ltd., a limited partnership, executed this supplemental affidavit filed pursuant to Section 620.176, Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the purpose of transacting business in Florida is \$21,673,000.


This 22nd day of January, 1996.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, I declare that I have read the following and that the facts are true, to the best of my knowledge and belief.

  
\_\_\_\_\_  
Thad L. McNulty

TRINITY CAPITAL OF JACKSONVILLE,  
INC.

By:   
\_\_\_\_\_  
Thad L. McNulty  
President

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN 24 PM 1:38

# A95000000695

ROGERS, TOWERS, BAILEY, JONES & GAY

(Requestor's Name)

106 South Monroe Street

(Address)

Tallahassee, FL 32301 #222-7200

(City, State, Zip)

(Phone #)

(Fax)

OFFICE USE ONLY

FILED STATE  
SECRETARY OF CORPORATIONS  
96 AUG 14 PM 12:15

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-08/16/96--01071--009  
+++1750.00 +++1750.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Trinity Fund, Ltd. A95000000695  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

8-14

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

G. TAX  
FILING  
R. AGENT FEE 1750.00  
C. COPY  
TOTAL  
N. BANK  
BALANCE DUE 1750.00  
FILING

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
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AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
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<input type="checkbox"/>	Fictitious Name
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

\* Please  
return a  
filed & stamped  
copy. Thanks.

8/14/96

Examiner's Initials

BH

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR TRINITY FUND, LTD.

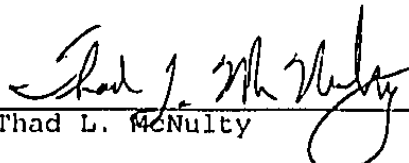
The undersigned, general partners of Trinity Fund, Ltd., a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to Section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is \$ 21,250,865.

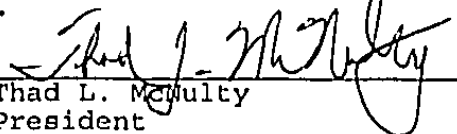
This 9th day of August, 1996.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, I declare that I have read the following and that the facts are true, to the best of my knowledge and belief.

  
\_\_\_\_\_  
Thad L. McNulty

TRINITY CAPITAL OF JACKSONVILLE,  
INC.

By:   
\_\_\_\_\_  
Thad L. McNulty  
President

FILED  
STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
96 AUG 14 PM 12:15