## 2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A9500000695  1. Entity Name   |  |   |   |   |  |   | FILE  | _  |  |
|--|--|---|---|---|--|---|---|--|--|
| TRINITY FUND, LTD.   |  |   |   |   |  | 01 APR 13 PM 2: 44  |   |  |  |
|  |  |   | Mailing Address   |   |  | — r)  | SECRETARY OF<br>ALLAHASSEF #  | STATE  |  |
|  |  |   | 1620 INDEPENDENT SOUARE JACKSONVILLE FL 32202   |   | TALLAHASSEE, FLORIDA   |   |   |  |  |
| Principal Place of Business     3. Mailing Add   |  |   |   |   |  |   |   |  |  |
| Suite, Apt. #, etc.  |  |   | 3. Mailing Address  Suite, Apt. #, etc.   |   |  | DO NOT WRITE I  | IN THIS SP  | ACE  |  |
| City & State   |  |   | City & State  |   |  | 4. FEI Numbe  | · · · · · · · · · · · · · · · · · · ·   |  | Applied For  |
| Zip  |  | Country   | Zip   | Coun  | try  |   | 59-3316305  |  | Not Applicable  8.75 Additional  |
|  |  | 4.44  | A Do alabarrad A roma   | _   | 1  |   | of Status Desired   | □ , Fe   | e Required   |
|  | b. Name a  | ind Address of Currer   | it Hegistered Agent   | <del></del>   | 7. Name and Address of New Registered Agent Name   |   |   |  |  |
|  | n, J. Kirby<br>Ers. Tower  | S, ET AL  |   |   | Street Addres  | ss (P.O. Box Number                                       | is Not Acceptable)  |  |  |
| C/O ROGERS, TOWERS, ET AL<br>1301 RIVERPLACE BLVD., SUITE 1500<br>JACKSONVILLE FL 32207  |  |   |   |   |  |   |   |  |  |
|  |  | · ·   |   |   | City   |   |   |  | Zin Code   |
| JACKSON<br>8. The above  | WILLE FL 322<br>e named entity   | 207   | for the purpose of changing   | it: registere   | City<br>ed office or regis   | stered agent, or both                                     | , in the State of Florida   | FL   | Zip Code   |
| JACKSON 8. The above SIGNATURE 9. Capital Co   | e named entity  Signature, typed or ontributions on record.  | submits this statement printed name of registered age   | int and title if applicable. (No. 10. Amount of Capin FLORIDA to  | OT :: Registered<br>pit al Contrib<br>D C ate.  | ed office or regis   | uired when reinstating)                                   | 11. MAKE CHECK F  | DATE PAYABLE TO SIDE FOR I                             |  |
| JACKSON 8. The above SIGNATURE 9. Capital Coas Shown   | e named entity  Signature, typed or ontributions on record.  | submits this statement printed name of registered age \$100,000,000.00 ENERAL PARTNER General Partners M  | 10. Amount of Capira FLORIDA to   | O1 :: Registered<br>pir al Contrib<br>o c ate.<br>EN TITY MI<br>t 1e form   | ed office or regis  d Agent signature requiputions  UST BE REGI  | uired when reinstating)                                   | 11. MAKE CHECK F<br>SEE REVERSE<br>CTIVE WITH THIS C<br>to change a gene  | DATE PAYABLE TO SIDE FOR IDEFICE. rai partne           | D DEPT: OF STATE FEE INFORMATION   |
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| JACKSON  8. The above SIGNATURE  9. Capital Co as Shown  12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  | e named entity  Signature, typed or ontributions on record.  A GI NOTE:  MCNULTY, 1620 INDEP JACKSONY  | submits this statement printed name of registered age \$100,000,000.00 ENERAL PARTNER GENERAL PARTN GENERAL PARTN THAD L ENDENT SQUARE LLE FL 32202   | 10. Amount of Capira FLORIDA to   | on : Registered pi: al Contrib o c ate.  EN TITY M t ie form 13.  | ed office or regis  d Agent signature required to the control of t | uired when reinstating)                                   | 11. MAKE CHECK F<br>SEE REVERSE<br>CTIVE WITH THIS C<br>to change a gene  | DATE PAYABLE TO SIDE FOR IDEFICE. rai partne           | D DEPT: OF STATE FEE INFORMATION   |
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SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING GENER/ L PARTNER