


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001050	
1. Entity Name TRUST INVESTORS, LTD.	

Principal Place of Business C/O FLORMARWIN, INC. 1500 FLORIAN DRIVE DANIA, FL 33004	Mailing Address C/O FLORMARWIN, INC. 1500 FLORIAN DRIVE DANIA, FL 33004
--	--



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

04192004	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0682427	Applied For Not Applicable	

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent
COHN, ALAN B C/O ABRAMS, ANTON, ET AL 2021 TYLER STREET HOLLYWOOD, FL 33022

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
--	------------

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 #	P95000049044
NAME	FLORMARWIN, INC.
STREET ADDRESS	1500 FLORIAN DRIVE
CITY- ST- ZIP	DANIA, FL 33004
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	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	

000000139963
04/29/04-80142-014 536.25

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

[Handwritten signatures and initials]