


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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



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

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

City & State City & State

Zip Country Zip Country



04072005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0682427 Applied For Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and filer 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000049044	STREET ADDRESS	
NAME	FLORMAWRIN, INC.	CITY-ST-ZIP	
STREET ADDRESS	1500 FLORIAN DRIVE		
CITY-ST-ZIP	DANIA, FL 33004		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000314148
NAME		CITY-ST-ZIP	04/18/05-80154-015 526.25
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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 exemption stated in Section 119.07(3)(f), 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: *Deverlee F. Marotto, Director* Date: *4/18/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

DEVERLEE F. MAROTTO