

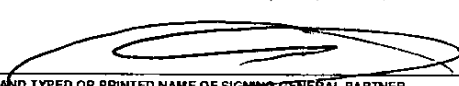


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A01000000316 1. Entity Name TRINITY INVESTORS, LTD.					
Principal Place of Business 936 CRENSHAW LAKE ROAD LUTZ FL 33549			Mailing Address 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	4. FEI Number 59-3731714 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="text-align: right;"> FILED 05 MAY 27 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WIECZORKOWSKI, ANDREW ESQUIRE THE WILDER CENTER 3000 GULF-TO-BAY BLVD., SUITE 200 CLEARWATER FL 33759			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000003375		STREET ADDRESS		
NAME	WEISBAR INVESTMENTS, L.L.C.		CITY-ST-ZIP	000055656920 06/02/05--01030--012 **141.25	
STREET ADDRESS	936 CRENSHAW LAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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					
SIGNATURE: 			4/26/05 (813) 3806333		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE