


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

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| DOCUMENT # A0100000316 |  |
| 1. Entity Name TRINITY INVESTORS, LTD. | |

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| Principal Place of Business 936 CRENSHAW LAKE ROAD LUTZ FL 33549 | Mailing Address 936 CRENSHAW LAKE ROAD LUTZ FL 33549 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED
05 MAY 27 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JK

1ST MOORE CR2E003 (10/04)

4. FEI Number **59-3731714** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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|--|--|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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| 9. Capital Contributions as Shown on record. \$1,500,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. <i>0</i> |
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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 # NAME STREET ADDRESS CITY-ST-ZIP | L01000003375 WEISBAR INVESTMENTS, L.L.C. 936 CRENSHAW LAKE ROAD LUTZ FL 33549 | STREET ADDRESS CITY-ST-ZIP | 000055656920 06/02/05--01030--012 **141.25 |
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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

SIGNATURE: _____ *4/26/05* **(813) 3806333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #