


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # A01000000316 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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent WIECZORKOWSKI, ANDREW ESQUIRE THE WILDER CENTER 3000 GULF-TO-BAY BLVD., SUITE 200 CLEARWATER FL 33759	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-3731714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 date if applicable

FILE NOW!!! Fee is \$500. After May 1, 2008, fee will be \$900. Make check payable to Florida Department of State.

**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	
STREET ADDRESS	936 CRENSHAW LAKE ROAD		
CITY-ST-ZIP	LUTZ FL 33549		
DOCUMENT #		STREET ADDRESS	U00000938727
NAME		CITY-ST-ZIP	05/27/08-80101-021 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: *R. Kasprow* 2/14/08 8133806101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE