

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A32904**

1. Entity Name  
**TRINITY CAPITAL LIMITED**



Principal Place of Business  
 175 LOOKOUT PLACE, SUITE 201  
 MAITLAND, FL 32751

Mailing Address  
 175 LOOKOUT PLACE, SUITE 201  
 MAITLAND, FL 32751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3143906**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEERDAM, A C  
 175 LOOKOUT PLACE, SUITE 201  
 MAITLAND, FL 32751

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$1,045,994.40**

10. Amount of Capital Contributions in FLORIDA to date. **690,960.61**

**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 # **V33284**  
 NAME **TRINITY CAPITAL, INC.**  
 STREET ADDRESS **175 LOOKOUT PLACE, #201**  
 CITY-ST-ZIP **MAITLAND, FL 32751**

STREET ADDRESS

CITY-ST-ZIP

**U00000095686**  
**03/24/04-80044-017 526.25**

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STREET ADDRESS

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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/9/04**

Date

Daytime Phone #

STAPLE CHECK HERE