

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 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 Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3143906			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			03062005 Chg-LP CR2E003 (10/03)		
6. Name and Address of Current Registered Agent LEERDAM, A C 175 LOOKOUT PLACE, SUITE 201 MAITLAND, FL 32751				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 title of applicant					
9. Capital Contributions as Shown on record. \$1,045,994.40			10. Amount of Capital Contributions in FLORIDA to date. 1,045,994.10		
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		
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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: <u>AC Leerdam</u> 3/10/05 407 645 5244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE

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