

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

**FILED  
Jul 23, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A95000000695**

1. Entity Name  
TRINITY FUND, LTD.



Principal Place of Business  
1819 GOODWIN STREET  
JACKSONVILLE, FL 32204

Mailing Address  
1819 GOODWIN STREET  
JACKSONVILLE, FL 32204

2. Principal Place of Business  
Suite, Apt #, etc.

3. Mailing Address  
Suite, Apt # etc.

City & State

City & State

Zip Country

Zip Country



4. FEI Number  
59-3316305

Applied For  
Not Applicable

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

5. Name and Address of Current Registered Agent

CHRITTON, J. KIRBY  
C/O ROGERS, TOWERS, ET AL  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

B. 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.

9. Capital Contributions as Shown on record. \$500,000,000.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MCNULTY, THAD L	1819 GOODWIN STREET	JACKSONVILLE, FL 32204
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	P95000031299 TRINITY CAPITAL OF JACKSONVILLE, INC.	1819 GOODWIN STREET	JACKSONVILLE, FL 32204
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	WHITE, GEORGE M	1819 GOODWIN STREET	JACKSONVILLE, FL 32204
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U000000168080
CITY - ST - ZIP	07/23/04-80008-024 926.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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)(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: Thad L. McNulty 7/19/04 904 355-7799

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