2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000695

1. Entity Name
TRINITY FUND, LTD.

Principal Place of Business	Mailing Address
1819 GOODWIN STREET JACKSONVILLE, FL 32204	1819 GOODWIN STREET JACKSONVILLE, FL 32204

03132006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRITTON, J. KIRBY C/O ROGERS, TOWERS, ET AL 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207	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.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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 #		STREET ADDRESS	
NAME	MCNULTY, THAD L	CITY-ST-ZIP	000003469499 03/27/06-80002-012 500.00
STREET ADDRESS	1819 GOODWIN STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		
DOCUMENT #	P95000031299	STREET ADDRESS	
NAME	TRINITY CAPITAL OF JACKSONVILLE, INC.	CITY-ST-ZIP	
STREET ADDRESS	1819 GOODWIN STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		
DOCUMENT #		STREET ADDRESS	
NAME	WHITE, GEORGE M	CITY-ST-ZIP	
STREET ADDRESS	1819 GOODWIN STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 exemptions contained in Chapter 119, 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: _____ 3/13/06 904 355-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #